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## ORIGINAL COMMUNICATIONS.

### *THE HAIR WITH THE TOILET—CARE IN HEALTH AND TREATMENT IN DISEASE.*

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(Concluded from March BULLETIN.)

#### CUTTING THE HAIR.

THE hairs lengthen until their nutrition is exhausted, when they split, become ragged or curled at the ends, soon become detached from the papillæ and follicles, fall out, or are readily removed in the act of combing. Each lost hair is replaced by another, springing from the same pouch, or, it may be, a newly developed papilla. This being the course of nature, as long as the formative apparatus retains its health the covering of the scalp remains uniform as regards length, thickness, and color. As age approaches the color fades and the locks thin. If the hair be periodically cut and the face periodically shaved, the first effect observed may be that of stimulation. The hair grows more rapidly, it becomes thicker, coarser, the color fades, and it becomes less polished. It is obvious that clipping the ends contributes nothing to the nutritive conditions of hair-bulb or hair-sac, and that here, as elsewhere, forced stimulation must be succeeded eventually by exhaustion. The idea that the hair of growing children should be cut on the full of the moon is nothing more than a baseless superstition. It has been demonstrated that, in young girls who possess luxuriant tresses, the original length is never regained after they have once been cut. The most conclusive experiments upon this subject we owe to Pincus, who cut off circles of hair an inch in diameter from the heads of healthy men, and compared from week to week the rate of growth of the shorn places with the remainder of the hair. Though he found the rate equal in some places to that of the uncut hair, an increased rapidity of growth was never observed. The prevalent fashion of closely clipping the hair and closely shaving the face is conducive to early exhaustion of the hair forming apparatus and premature falling of the hair.

A more radical procedure, however, is of advantage when profound depression of nutrition causes falling of the hair without disturbance of the structural integrity of the papillæ or follicles. This occurs after exhausting maladies, to which I have already made allusion, —the exanthemata, typhoid, and other severe fevers. The poisonous products of disease paralyze for a time the activity of the hair-forming apparatus, the hair loses its lustre, has a dull, dead appearance, and falls. In this condition it is advisable to shave the scalp, keeping the head covered with a cap until a new growth has been developed. The papillæ and follicles are for a time relieved of strain and are able to recuperate. The capillary circulation, the tone of the vessels, and the nervous influence may be meanwhile stimulated, or rather nourished, by appropriate constitutional and local treatment, the former consisting of iron, quinine, strychnine, perhaps codliver-oil or pilocarpus, the latter of mildly stimulant applications. The bare scalp facilitates the operation of the local remedies.

#### SINGEING THE HAIR.

Falling of the hair from malnutrition may also be checked by what is called singeing. This process consists in drawing out the split and ragged ends by means of a coarse-toothed

comb, and applying to them a lighted taper. The dead end is burned away, and the fire is extinguished as soon as it comes in contact with the teeth of the comb. Singeing seems to exalt the nutritive condition of the hair, probably by hermetically sealing the ends, and retaining within the shaft the fluid upon which its sustenance depends. Whatever be the explanation, I have in many cases seen benefit result from this procedure. It may be repeated when the ends again show signs of death.

If the hair of scalp and beard were more generally made the subject of professional advice, and its toilet were more intelligently performed, premature baldness would be much less common. The loss of nature's protection cannot but be a source of regret to men. The deprivation of nature's ornament justly causes distress of mind to women.

### MASSAGE, OR DRY SHAMPOO.

A crude species of massage is practiced by the barbers under the name of the dry shampoo. This custom is, for the reasons given, of service in maintaining the hair in a healthy condition. The dry shampoo is performed by manipulating the scalp with the finger-tips, drawing it up between the thumb and fingers, and moving it backward, forward, and from side to side upon the cranium. After these movements it is usual to wash the parts with a slightly stimulating fluid, such as equal parts of water and alcohol, with the addition of a small quantity of ammonia solution. Finally, the hair is carefully dried by means of a towel.

### WET SHAMPOO.

In this connection I may refer to the wet shampoo. If not too frequently repeated, ablution of the scalp by means of soap and water is of use in removing an accumulation of scales which, though they may be of physiological origin, are capable of mechanically impairing the nutritive conditions of the hair. It will suffice, as a rule, to have this operation performed once in two weeks. The manner in which it is best executed is the following: Some saponaceous matter, either previously prepared in liquid form or made extemporaneously from a pure, bland soap, is rubbed into foam upon the head. The entire scalp is thoroughly gone over with the tips of the fingers, and the lather is then removed by pouring warm water over the head while the person being shampooed stoops over a basin. The hair is then dried by the application of a hot towel. When the hair has become quite dry, it is parted by means of a small-sized toilet-brush and comb, the entire scalp being examined for any remaining incrustations, which are to be gently brushed away, and, as a conclusion to the process, some pure animal oil is applied to the scalp by the tips of the fingers. The hair itself receives sufficient fat in taking up what remains upon the hand. This inunction restores to the parts the oil removed by the soap.

### ACUTE AND CHRONIC LOSS OF HAIR.

Considered in regard to its rapidity of development, premature baldness is naturally divisible into two forms,—acute and chronic alopecia, or loss of hair,—either of which may be produced by the operation of general and local causes. In the acute variety depilation may take place within a few days or in the course of three or four months. In some cases the scalp is entirely free of disease, but the hairs fall, or are removed by the use of the brush and comb, from the number of thirty or fifty daily to hundreds. Sometimes neuralgic pains precede the shedding of the hair, but in many instances no subjective symptoms whatever are present. The hair itself may or may not be changed in appearance. Chronic alopecia has usually been progressing for some time before the sufferer's attention is called to it. The first manifestation is that the hairs, as they attain their term of growth, loosen and fall, and are replaced by others of less length. This stage usually passes quite unnoticed by men, though it may be detected by women. After this alteration has been going on for an indefinite period a second stage ensues, in which the hairs diminish in thickness as well as in length. They become more and more delicate, until they are a mere down of the lanugo type. Ultimately, even this feeble growth may fail; a third and final stage is reached, in which the scalp is entirely denuded, the hair-follicles are atrophied, the papillary layer of the corium is flattened out and becomes thinned, and the bald pate presents a smooth, glistening, and tense appearance. This tedious process usually begins at the vertex and spreads forward to the frontal bone.

I have already, in speaking of the care of the hair, alluded to certain injurious customs regarding the toilet, head-wear, etc. I will merely add, in this place, that dyeing the hair

is a factor in causing a premature loss, and that the mixture of dust and gaseous products floating in the air of factories and workshops induces alopecia in both sexes and all ages.

Various disorders of the scalp cause thinning of the hair. It is obvious that if the orifices of the glands are occluded; if the hair-follicles are contracted in calibre, either by accumulation within or by pressure from without; above all, if the hair-papillæ atrophy, the nutrition of the hairs must suffer or even fail. Some or all of these changes are produced by a number of local diseases. One of the most frequent origins of early baldness is seborrhœa of the dry form, known as seborrhœa sicca. The unfortunate multiplication of titles by different authors, or prevalent among different nationalities, has given rise to a number of synonyms denotive of this affection, which has also been termed alopecia pityriasique, alopecia pityrodes, alopecia furfuracea, and pityriasis capitis (of Devergie). An unnecessary confusion has been introduced into dermatology by the fact that not only in some cases have different names been conferred upon the same disease, but in other instances the same designation has been applied to different maladies. Many of the cases formerly classed as dry seborrhœa are now considered as belonging to the seborrhœic eczema, and which is at times believed to be of parasitic origin.

Seborrhœa sicca, to use the term still most familiar in this country, is marked by the production of altered, inspissated sebum, which, mixed with proliferated epithelium, forms dry and somewhat greasy scales of a dirty-white or yellowish color. These scales sometimes adhere firmly to the surface, while in other cases they are easily detached. The amount of desquamation differs within wide limits, being scarcely noticeable in some instances, but profuse in others, the scales being interspersed throughout the hair and falling in showers upon the clothing. When small in quantity, the process may continue for a long while before arresting the attention of the patient. It is usually accompanied by more or less itching, and seriously impairs the lustre of the hair. On removal of the scales the scalp may be found healthy to all appearances, or even somewhat paler than normal, or it may be somewhat hyperæmic. The course of the affection is tardy, but, if allowed to progress unchecked, it eventually results in immediate baldness. This form of disease is very apt to develop about the age of puberty, especially when an inherited predisposition exists; otherwise, its advent may be postponed until between the ages of thirty and forty years. The process thus outlined is sometimes inaugurated, or at least accompanied, by a micro-organism, which has been studied and was first described by Malassez. It appears only in the form of spores, which usually present an elongated outline, though they may be round, and in either case are often surmounted by a bud. At all events, these spores may be detected in the first stage of the disease in the horny layer, penetrating between and separating the epithelial cells. In a certain number of cases the cells of the granular layer have been greatly diminished or even destroyed, together with the eleidin which they contain.* According to Malassez, the spores do not invade the hair-follicles beyond the point at which it is joined by the duct of the sebaceous gland with which it is connected. Whether the organisms ought to be regarded as the exciting cause of the affection is a problem yet undetermined, since they have been found in the products of other diseases of the skin, and even upon the surface of the healthy skin. However originated, the pathological anatomy of the process has been studied in detail by Pincus, Malassez, and Chincolle. In the second stage the wall of the hair-follicle undergoes an ascending hypertrophy, which, finally, in the third period, leads to a total obliteration of the follicle, it being gradually closed from below upward by the organization of new fibrous tissue. In consequence of this change the hairs diminish in length and their roots approach the cutaneous surface. At the same time they become more and more delicate, until finally, with total occlusion of the follicles, they altogether disappear.

During the second stage the corium itself experiences an atrophy, which likewise proceeds from below upward, and which, according to the measurement of Pincus, reduces the skin to two-thirds of its normal thickness, and even to one-half when the third stage has been attained. The white and yellow tissue of the derm is thickened; the muscular tissue is noticeably diminished; the sebaceous

* Traité descriptif des Maladies de la Peau, Symptomatologie et Anatomie Pathologique. Par MM. Henri Leloir et Emile Vidal, Paris, 1889.

glands seem to be hypertrophied in the first stage, but decidedly atrophied in the last; the sudoriparous glands are enlarged, both as regards the glomeruli and the tubules, and this anatomical fact may serve to explain the profuse perspiration of the scalp to which the prematurely bald are often subject, both before and after the scalp is denuded. The subcutaneous fibrous tissue is thickened, and the skin is more fixedly united to the underlying structures than in the normal condition. The vessels and nerves seem to be unaltered.

The co-existence of eczema and seborrhœa upon the scalp had not passed unnoticed, but it was reserved for Unna, in a communication read before the International Medical Congress at Washington in 1887, and in a number of memoirs subsequently published, to call attention to a peculiar form of eczema, which he denominates eczema seborrhœicum, seborrhœic eczema, to which he considers that most, if not all, the cases of dry seborrhœa properly belong. He bases his conceptions of the pathological process largely upon his previously expressed belief concerning the physiological functions of the perspiratory and sebaceous glands, viz., that the latter serve only to lubricate the interior of the hair-follicles, while the former secrete an oily material for the surface of the skin. Seborrhœic eczema generally begins upon the hairy scalp, from which it may spread to other portions of the body. It may, however, develop primarily upon any region well supplied with sweat-glands. Unna describes three stages of this affection. The first is accompanied by a fine desquamation which, scarcely noticeable in the beginning, becomes gradually more abundant, the scales being of a whitish color and greasy. The process is accompanied by itching, and occasions a steady thinning and fall of the hair. In the second stage the scales are more abundant and of larger size, forming fatty crusts, which adhere to the scalp. The hairs are loosened in their beds, and come away with the crusts when those are removed. The scales at this period vary in hue from grayish to yellowish or brown. In the third period the lesions become moist, and an oily discharge is poured out upon the surface. In the course of a few days this oleaginous material dries into yellowish crusts, in which the hairs become entangled.

The process is essentially of a chronic character, and may persist for many years. The crust is composed of fatty bands, alternating with compressed corneous cells, and by dry or moist fibrinous masses which inclose lymphatic cells. The superabundance of fat is not, however, confined to the scales, but penetrates the whole thickness of the epiderm and derm. The lymph channels of the corium are filled with fat. The sebaceous glands are not enlarged, but their ducts are occluded by an aggregation of epithelial cells, which press upon and devitalize the roots of the hairs. The sweat-glands are enlarged.

Seborrhœic eczema may, it is said, rest indefinitely at the first stage of its development, that of branny scaling, when it will be indistinguishable from the dry seborrhœa with which we are familiar. The peculiar greasy and crumbling character of the scales, and the fact that they are not confined to the scalp, but extend downward in front and behind, upon the face, breast, and back, choosing by preference the middle line of the body, are features which separate seborrhœic eczema from seborrhœa sicca.

Unna contends that the type of disease which he has so graphically described is of parasitic origin. While this may be true, it cannot yet be accepted as demonstrated, for so numerous are the forms of micro organisms found upon the surface of the skin that it is an exceedingly difficult task to isolate the specific exciting cause. On the other hand, it is not improbable that the mixture of fatty material and epithelial scales furnishes an excellent soil for the growth of microphytes which may come in contact with the integument after the disease has already been established. Nevertheless, the possibility of its parasitic nature should be borne in mind by the physician; for if that were the case the flakes would convey the contagion, and, apart from æsthetic scruples, the brushes of barber-shops, hotels, etc., should be viewed as instrumental in disseminating the germs of alopecia. Some interesting experiments have been reported by Lassar and Bishop (Monatshefte für praktische Dermatologie, 1882, p. 131), who produced alopecia in guinea-pigs and rabbits by rubbing into them a paste containing scales taken from a case of seborrhœa sicca in the human subject. Though curious and suggestive, the subject is as yet too imperfectly explored to allow us to look upon such results as conclusive.

Whatever we may hereafter learn in regard

to the pathological anatomy and the exciting cause of seborrhœa sicca and seborrhœic eczema, their relation to each other, or their identity, no evidence can gainsay the powerful co-operative influence of certain predisposing causes which have been clinically demonstrated. Desquamation of the scalp and consequent baldness are indicative of some fault of nutrition. Exclusive of fatal maladies, such as tuberculosis and carcinoma, we will generally find, upon careful examination, organic or functional disease of the digestive, absorbent, or blood-forming apparatus, or of the genito-urinary system. In other instances it follows upon an attack of an exanthematous or other fever, or upon some local condition which has directly impaired the nutrition of the scalp. Among these are exposure to heat and cold, uncleanliness of the scalp, the use of hair-powders, dyes, pomades, irritating lotions and oils, too severe combing and brushing, etc.

Eczema of the scalp, however severe or chronic, seldom gives rise to permanent baldness. The follicles and papillæ escape injury, and even in those cases accompanied by abundant exudation with matting together of the hairs, it is found, when the process subsides, that the new growth pushes forward the mass of old hair mingled with the products of disease, and permits it to be easily removed. In rare instances abscesses form in consequence of the eczematous inflammation, and the hair is irreparably lost in an area corresponding to the situation of the phlegmon. In women with long hair its weight, dragging upon an inflamed scalp, has a tendency to render a subsequent growth thinner.

Lupus erythematosus and lupus vulgaris, when seated upon the scalp, lead to destruction of the hair-follicles, and consequent incurable baldness. Tinea favosa, if not intelligently treated, will persist indefinitely, the fungus developing within the follicle, producing obliteration of the sac and destruction of the papilla. The hairs soon lose their normal gloss, become dull, dry, and brittle, and finally disappear. When the disease is of long standing, and neighboring lesions have coalesced, a considerable area of baldness is the result. The appearance of the scalp in this disease is peculiar and characteristic. A few hairs may be seen sparsely scattered over the affected region. Cups may be present to certify to the nature of the affection; but this is not always the case, since washing with soap and water may have prevented their development upon the surface to an extent sufficient to be perceived by the naked eye.

Tinea tonsurans renders the hairs dry, lustreless, and brittle. They fall spontaneously, or break off near the surface of the skin, the stumps being thickened and uneven, giving a characteristic ragged, nibbled appearance to the scalp. As the disease progresses the entire length of the hair becomes implicated; they fall, and leave more or less baldness. The papillæ, however, are seldom destroyed, and the loss of hair is but temporary. That form of the disease called kerion, in which the follicle is invaded to its deepest part and a diffuse inflammation is excited in the derm and hypoderm, occasions ulceration of the corium, destruction of the follicles, and permanent baldness. As tinea is a disease of childhood, and as kerion is rare, comparatively few cases of alopecia are due to this affection. It is interesting, however, to remark that, although tinea is almost unknown among adults, alopecia circumscripta is sufficiently common. Abundant clinical evidence exists to suggest the belief that the circumscribed disease is, at least in certain cases, contagious. Though a pathogenic organism has often been sought for, none has as yet been discovered, but a number of experienced dermatologists have suspected that the same organism is the cause of tinea tonsurans in childhood and certain cases of alopecia circumscripta in adults.

Herpes zoster occasionally attacks the scalp, and may be followed by loss of the hair, either by reason of ulceration and cicatrization, with obliteration of the follicles, or by depression of trophic nervous influence. In the former case the deprivation is irremediable, but in the latter recovery may gradually take place

The lesion of scleroderma or morphœa, if situated upon the scalp, destroys the glands of the skin, and occasions alopecia.

Diseases attended by desquamation cause the hair to thin and fall. The effect, however, is generally of transient duration. As a result of scarlet fever this result is familiar to every general practitioner. Erysipelas of the scalp acts in like manner.

Pityriasis rubra, a rare affection, otherwise known as dermatitis exfoliativa, causes exfoliation of the epiderm, with loss of its appendages.

Alopecia is a sign of secondary syphilis.

This is but one of the manifestations of nutritive disturbance, and, as the anatomy of the hair-forming apparatus remains undisturbed, a new growth of hair occurs when the system is brought under the influence of specific remedies. Appropriate local measures are capable of assisting recovery. The large, ulcerated lesions of the later stage, accompanied by destruction of tissue and cicatricial formation, lead to permanent alopecia when they involve the scalp.

My intention in this paper has been to speak in particular of that generalized form of baldness which is so common and so frequently developed during middle life. The baldness of old age is an expression of enfeebled local nutrition, and depends primarily upon an endarteritis of the cutaneous vessels, especially those supplying the pilo-sebaceous follicles. These vessels themselves are in part destroyed. The structure of the derm, epiderm, and its appendage, alike suffers. The corium is atrophied, the epiderm is thinned, and the hair-follicles withered.

### TREATMENT OF LOSS OF HAIR, BALDNESS, OR ALOPECIA.

In undertaking the treatment of a case of baldness, the first effort of the practitioner should be directed toward the discovery of the exciting cause. By inquiring narrowly into the history, we may be able to learn whether the depilation has followed a serious fever or other debilitating disease, is of hereditary or syphilitic origin, dependent upon profound depression of nervous influence, is due to local disease of the scalp, or demonstrably dependent upon the growth of parasites. The detection of the cause and the determination of the stage of the local malady will suggest the most promising methods of constitutional and topical medication.

The accumulation of dandruff should be sedulously combated. Though this may in the beginning be composed solely of effete epithelium which has been normally detached from the surface, yet the aggregation of the scales proves in time a source of irritation to the scalp. Epithelium becomes mixed with altered sebaceous matter, and the foundation is laid of the tedious and harmful progress of seborrhœa sicca already described. The admixture of perspiration and dust, so common in the summer season, admonishes one of the necessity of scrupulous, though not too frequent, use of soap and water. The employment of this agency is a preliminary step in the prevention or treatment of baldness.

If no appreciable change can be detected in the falling hairs or in the scalp, the application of some detergent, mildly stimulating, and astringent remedy is indicated. A pleasant and efficacious agent in this condition is the balsam of Peru, which may either be dissolved in dilute alcohol and used in the form of a lotion, or be rubbed up with some fatty substance and employed as a pomade. For this purpose we have an excellent excipient in lanolin, which is not only an unguent, but also a nutrient to the hair and scalp. The viscidity of wool-fat may be overcome by thoroughly mixing 1 part of benzoated lard with 3 parts of pure lanolin. The tincture or the compound tincture of benzoin may, if desired, be advantageously substituted for the Peruvian balsam. The tannate or sulphate of quinine, cinchonine or its sulphate, may be advantageously brought into requisition, a drachm of the remedy selected being incorporated in an ounce of lard and some pleasant essential oil added for the sake of the perfume. The oil of rose, bergamot, or verbena may be employed for this purpose. A solution of alpha-naphthol in dilute alcohol, or an ointment containing a drachm of either alpha- or beta- naphthol to the ounce of excipient, constitutes an excellent application. Another mild stimulant which can be recommended is resorcin, made into an ointment in the strength of 5 or 10 grains to the ounce of lanolin, lard, or other appropriate excipient. The same substance may be employed in the form of a weak alcoholic lotion, containing about the same proportion of the medicament. It will often be found of benefit to make use of an emulsion, expressed oil of sweet almond or olive-oil being added to the alcoholic solution of resorcin. Equal parts of the officinal ointment of ammoniated mercury and cold-cream, oxide-of-zinc ointment, or other bland unguent, may also be resorted to with benefit. An occasional shampoo with the tincture of green soap, either full strength or diluted, will be of assistance to the other measures employed. This procedure at once cleanses and stimulates the scalp, and may be made use of every day, if it does not prove too irritant, until the hair-fall is diminished. It need then be employed less frequently,—twice

a week, for instance, for awhile, and at last once a week will suffice. It is of importance that after the operation has been performed all the soap shall be washed away with a douche of warm water and the hair thoroughly dried by means of a towel. After the surface has been thus cleansed, we may revert to any of the ointments or lotions already indicated. Another remedy frequently of service in the condition of which we speak is a solution of chloral in dilute alcohol or cologne-water, in the proportion of 1 drachm to ½ pint. A portion of the menstruum may be very acceptably replaced by glycerin. An excellent method of promoting nutrition of scalp and hair is the practice of massage. This manipulation stimulates the local circulation, and is, therefore, instrumental in the delivery of an increased quantity of blood to the vessels supplying the hair-papilla and ramifying upon the wall of the hair-follicle. The beneficial influence of this procedure upon the peripheral nerve-fibres contributes not a little to the nutrition of the scalp. Massage may be beneficially performed every second or third day.

When the scalp is the seat of seborrhœa sicca constant care and patience is demanded on the part of both patient and physician in order to avert the threatened loss of hair. The process is essentially a chronic one, and, as a rule, both general and local treatment is demanded. The earlier suitable measures are instituted, the better is the prospect of success. A scrupulous observance of hygienic laws is demanded. The patient should spend much of his time in the open air; should obtain the benefit of sunlight and physical exercise. The regimen should be carefully regulated, in accordance with dietetic principles. The food should be, at the same time, nutritious and readily digestible. If marked indigestion is a feature of the case, we should endeavor to ascertain whether the gastric or intestinal function is most at fault. The mineral acids, bitter tonics, nux vomica, hoang-nan, pepsin, pancreatin, and the preparations of malt, alone or variously combined, may be called upon to amend the digestive failure. Hoang-nan is of particular value, and should be preferred to nux vomica, since it has a stimulating and alterative effect upon the perspiratory and sebaceous glands, especially the latter. It is of service to exhibit occasionally a laxative or cathartic. If constipation is habitual, a tenth of a grain of aloin can be given thrice daily in conjunction with the tonic mixture. If the vitality of the nervous system is seriously impaired, we should invoke the service of such drugs as the phosphates, the hypophosphites, phosphorus, iron, arsenic, and codliver-oil, together with the restorative influence of rest, change of scene and climate. Anæmic patients are benefited by the administration of iron, manganese, arsenic, and the chlorate of potassium. Sulphur is likewise a valuable constitutional remedy, being an element found in comparative abundance in the hair, and therefore necessary to its nutrition. The sulphide of calcium, in small doses, has been successfully given for the same purpose. To be of effect in seborrhœa, sulphur should be administered persistently in minute quantities, as, *e.g.*, 5 grains three times a day, during a prolonged period.* Pilocarpine hydrochlorate seems to have the power of promoting the growth of the hair, and is given twice daily, in the dose of $\frac{1}{12}$ to $\frac{1}{6}$ grain, continued for a considerable period of time, unless salivation should occur, when it must be suspended.

Any impairment of the general health demands attention, and is often the remote cause of seborrhœa sicca. We should be sadly disappointed, however, did we place our sole reliance upon the action of constitutional remedies. The local treatment is of more decided benefit, although in most cases internal and external medication need to be conjoined.

I will premise that, in beginning the topical management of dry seborrhœa, it is not necessary to sacrifice the hair. It will be found that, however long, the presence of the hair will interpose no obstacle to the prosecution of the appropriate measures. The first step in the treatment is the removal of scales and crusts. This is accomplished by means of oil, which may be either plain or medicated. The essential point is, that the agent should be used freely, and if the scales are large and thick the parts should be saturated. After inunction the head should be covered with a cap made of flannel or oiled silk. The application is preferably made at bed time, and from twelve to twenty-four hours generally suffice to detach all the crusts. Olive-, linseed-, or almond-oil

* See a paper by the author on "The Physiological and Therapeutical Action of Sulphur" in the Medical Bulletin for October, 1890, p. 365.

will answer very well, but my preference is decidedly for the oil of ergot, which not only removes the pathological products, but by its slightly astringent and stimulant properties, also exerts a beneficial influence upon the diseased follicles and glands; at the same time it renders the hair-shaft soft and smooth. The oil of ergot may be used in full strength, or, according to the circumstances of different cases, it may be combined with other ingredients. A very good oleaginous application is made by adding 1 part of oil of ergot to 4 parts of olive-oil. A small quantity of the oil of eucalyptus often forms a very efficient combination. In other cases I have found it advantageous to mix the oil of ergot with an equal quantity of the fluid oleate of mercury, oleic acid, glycerin, or a 50-per-cent. solution of boro-glyceride. The cosmetic value of the preparation is enhanced by the addition of some agreeable perfume. A mixture of the ointment of iron oleate with the oil of ergot, or with one of the bland oils, is an efficient application.

When the scalp has been freed of the accumulation of crusts and scales it may present a normal appearance, may be unusually pale, or may be reddened by inflammatory engorgement. These variations must govern our choice of remedies, since the last-named condition requires mild and sedative applications, while in the first and second more or less active stimulation is demanded. In an early stage or in mild cases the use of the oil of ergot, together with occasional ablution of the head with soap and water, is sufficient to restore the scalp to health. At a more advanced period, however, and in severe cases, the disease remains unaffected, and its products are soon to be seen again upon the surface. In this event, as soon as the accumulation has been removed by means of oil the parts should be thoroughly cleansed. For this purpose many authorities recommend the use of soft-soap or its alcoholic solution. But it is my experience that the soda-soap is sufficient for the removal of the fatty material. Its efficacy may be increased by the incorporation of chamomile or sulphur. In place of soap solution we may sometimes avail ourselves of the yelk of egg mixed with lime-water. This emulsion removes foreign material from the surface. A much more efficacious detergent and stimulant is the quillaia saponaria or soap-bark, to which I had the honor, in 1879, of calling professional attention.* It is best used in the form of an infusion, which can be made with cold water and kept on hand, a sufficient quantity of hot water being added at each time of application. The liquid should be mopped over the surface several times a day. The fluid extract may also be employed. The white of egg beaten up into a froth and a weak solution of borax are favorite domestic hair-washes, but possess no special advantages, and, in fact, the latter substance renders the hair dry and harsh.

Incrustation having been removed and the affected surface having been exposed, we are now in a position to medicate directly this surface. Our object, stated in general terms, is to improve the nutrition of the hair-forming apparatus by an influence upon its vascular and nervous supply. This end is accomplished, in so far as it is within the power of local remedies, by more or less decided stimulation of the scalp. Whether the irritation should be mild or severe depends upon the stage, the gravity, the chronicity, and the origin of the case. And if, in a given case, we are in any doubt as to the degree of stimulation required, it is judicious to commence treatment with the milder preparations. A solution of table-salt, in the strength of ¼ to ¾ pound to the pint of water, is cheap, convenient, and often effective. The carbonate of potassium, 5 to 15 grains to the ounce of water, may also give good results. Equal parts of glycerin and water are occasionally of benefit. A lotion containing carbolic acid, a drachm to the pint of water, excites the local circulation. An ointment of the oleate of zinc is also useful, and the same may be said of Peruvian balsam. A weak solution of hydrastine hydrochlorate has a good effect, and the tincture or fluid extract of hamamelis is likewise of avail. Naphthol and resorcin are valuable agents, and may be used in the manner already described. Corrosive sublimate is an efficient application, 2 to 5 grains being dissolved in an ounce of water, or rubbed up with an ounce of fat. Glycerin, alcohol, or cologne-water may be used instead of, or conjoined with, plain water for the sake of elegance. An ointment of tar, or a solution of tar in alcohol, is sometimes of benefit. An ointment containing precipitated sulphur often yields good results, and I have seen the iodide of sulphur,

* See paper by writer on "Loss of Hair," Medical Bulletin, March, 1879, and "On a Natural Soap and its Use in the Treatment of Diseases of the Skin," *ibid.*, July, 1879.

in the strength of 10 to 60 grains to the ounce of lard, lanolin, or other fatty vehicle, prove of decided advantage. A solution of tannic acid in glycerin, 10 grains to the ounce, an ointment of tannic or gallic acid or of nut-gall, will often render good service. An unguent composed of 2 parts of salicylic acid, 3 parts of the tincture of benzoin, and 100 parts of neatfoot-oil, may be used with some confidence. Jaborandi, applied externally, has been found to exert the peculiar effect which has followed the internal administration of pilocarpus. As a stimulant to the scalp and its glands, about ½ drachm of the tincture of jaborandi may be mixed with equal parts of glycerin and lanolin, a small quantity of this preparation being rubbed upon the head every night.

Alcohol and preparations into which it enters —various spirits, ether, the essential oils, petroleum, turpentine, and solution of ammonia— are frequently beneficial when decided stimulation is demanded. White precipitate ointment, either of officinal strength or weakened, is likewise of avail. Another good local stimulant is chloral hydrate in the form of a lotion, made by dissolving a drachm in 6 ounces of alcohol or cologne-water and 2 ounces of glycerin.

If premature alopecia be due to neurotrophic origin the cardinal indications are to improve nutrition, especially of the nervous centres, and to stimulate the scalp. The first indication is fulfilled by much the same line of treatment as that outlined as suitable to patients afflicted with seborrhœa. Hygienic requirements must be obeyed, and the diet-list must be constructed upon generous principles. Change of climate is of marked benefit. A residence at the sea-shore, with sea-bathing, or a sojourn among the mountains, should be recommended. As regards drugs, those which have a reconstructive effect are to be ordered, such as iron, quinine, strychnine, phosphorus and its preparations, arsenic, codliver-oil, erythroxylon coca, catha edulis, and kola-nut. Pilocarpine sometimes yields good results, either given by the mouth in the dose of $\frac{1}{12}$ to $\frac{1}{6}$ grain or more every night at bed-time, or, what is better, $\frac{1}{3}$ grain being injected hypodermatically once or twice a week.

### MASSAGE AND ELECTRICITY.

The nutrition of the scalp is promoted by the practice of massage, the use of hot alternating with cold douches, by the shampoo with either hard or soft soap, and, above all, by electricity. Both galvanism and faradism have been employed, and both are efficacious. The uninterrupted current should, in the beginning, be a mild one, not exceeding 3 or 4 milliampères. It may be applied by means of moistened sponge-electrodes, the hair also being moistened and parted at intervals. An excellent mode of administering the current is through a brush with metallic bristles. Faradic electricity is conveyed in the same way through a wire brush, the patient holding the moistened sponge-electrode. The brush is passed very slowly over the scalp until the skin becomes quite red.

Of the drugs employed to excite the scalp, many have already been mentioned when speaking of the treatment of dry seborrhœa. To the list of milder stimulants may here be added a number of remedies which possess more active properties. One of the most valuable is the mercurous oleate, which, in the condition described, is of more efficacy than the weaker mercuric oleate. Thymol is at once an active and elegant remedy, and may be applied in the form of an ointment, 5 or 10 grains to the ounce. Chrysarobin has done good in the proportion of ½ drachm or a drachm to the ounce of lard, lanolin, or oil, and other suitable excipient. The use of this substance is, however, attended by two marked disadvantages: it may excite an inflammation of the scalp, and it stains the hair and linen. Pyrogallic acid is sometimes of service. Veratrine ointment, cantharides in the form of tincture, ointment, or solution in collodion, mustard, capsicum, glacial acetic acid, and croton-oil are substances to which we may resort in obstinate cases.

The therapy appropriate to seborrhœic eczema may be summed up in two words, viz., asepsis and antisepsis. The former object is attained by the use of soap and water in the manner above described, the latter by the application of bactericidal drugs, such as resorcin, carbolic acid, corrosive sublimate, mercurous oleate, sulphur, chrysarobin, and pyrogallic, boric, or salicylic acid. Galvanism, also, is of value in this disorder.

When baldness is a manifestation or a sequela of some systemic malady, the appetite, digestion, and general health must be promoted by every hygienic and medicinal means within

our power. These need not be reiterated, except that I would state that not infrequently I have witnessed great improvement follow the continued employment of minute doses of one of the mercurial salts. As regards local therapy, the milder stimulants mentioned under the head of seborrhœa sicca are those to which we should resort. To the foregoing list I would simply add the oil of rosemary as an excellent and fragrant stimulant.

The usual result is for the growth gradually to return as soon as the victim of secondary syphilis is brought under the influence of mercury. Gentle stimulation of the scalp, however, aids the effect of constitutional remedies. Frequent washing of the head with warm water and castile-soap, shampoo, the use of green soap, alcohol, spirit of ammonia, cologne-water, compound spirit of lavender, a mixture of alcohol and glycerin, tannic acid and sulphate of copper in equal parts of alcohol and water, oleate of mercury, nitrate of mercury, quinine, and cantharides are the local agents upon which we should rely.

Of the remaining local diseases which may lead to premature baldness it is unnecessary for me to speak, since they are of infrequent operation and the suitable remedies are enumerated in all the text-books.

In conclusion, and as a practical summary of these papers, I would express my belief that an excellent head of hair, like every other physical and intellectual excellence, depends upon a proper course of training from infancy. In view of the hereditary element I might go further, and say, with Oliver Wendell Holmes, that the education should begin a hundred years before the child is born. A strict attention to the laws of health will certainly augment the vitality of the hair-follicles and papillæ and, consequently, diminish the tendency to loss of the hair. If, however, the nutrition of these parts begins to fail, whether due to neglect of proper modes of life, from general disease, or some undiscovered cause, the treatment should begin early, be carried out persistently, and in many, perhaps most, cases will be rewarded by success. From this statement I would except that depressed nutrition which is inherited. In this form of baldness the prognosis is extremely unfavorable. But I think that by patient endeavor it is at least possible to retard the progress of depilation. Of course, any disease or lesion which involves destruction of follicles and papillæ creates an incurable alopecia.

It only remains to append a few useful formulæ as examples:—

℞ Balsam. Peru., . . . ℥ss.
Beta-naphthol., . . . ℥j.
Lanolin., . . . . ℥vj.
Adipis benzoat., . . . ℥ij.
M. ft. ungt.
For dandruff.

℞ Resorcin., . . . . ʒss.
Glycerin,
Sp. myrciæ, . . āā fʒiv.
M. ft. sol.
For baldness.

℞ Tr. cinchon. co., . . . fʒj.
Tr. benzoin. co., . . . fʒij.
Glycerin., . . . . fʒj.
Sp. odorat.,
Aquæ, . . . . āā fʒij.
M. For dandruff.

℞ Potass. carb., . . . ℥j.
Aq. ammon., . . . fʒvj.
Tr. cantharid., . . . fʒiiss.
Ol. myrist., . . . . gtt. xii.
Sp. odorat., . q. s. ad Oss.
M. ft. sol.
For dandruff.

℞ Hydrarg. chlor. corros., . gr. xv.
Glycerini, . . . . fʒij.
Sp. myrciæ, . . . fʒiv.
Ol. geranii, . . . . ♏xvj.
Aquæ, . . q. s. ad Oss.
M. ft. sol.
For general thinnirg and loss of hair.

℞ Saloli, . . . . . ℥ss.
Acid. tannic., . . . ℥j.
Balsam. Peru., . . . ʒss.
Lanolin., . . . . ʒss.
Adip. benzoat., . . . ℥j.
M. ft. ungt.
For dandruff.

℞ Acid. borici, . . . ʒss.
Hydrarg. chlor. corros., . gr. xx.
Glycerini,
Aquæ, . . . . āā fʒiv.
M. ft. sol.
For loss of hair.

℞ Acid. borici, . . . ℥ij.
Glycerini, . . . . ʒij.
Sp. vini gall., . . . ʒiv.
M. For general thinning and loss of hair.

℞ Acid. salicyl., . . . ℥j.
Resorcin., . . . . ℥ij.
Lanolin., . . . . ℥vj.
Adipis benzoat., . . . ℥ij.
M. ft. ungt.
For baldness.

## *LA GRIPPE.**

By WILLIAM H ISZARD, M.D.

GENTLEMEN: I have chosen this subject because of its present general prevalency, and because I know every member of this Society has a personal knowledge of its existence and a practical experience in its treatment; and not only members of this Society, or of this city, but I might be safe in saying that there is not a doctor in active and general practice in the civilized world to-day but has been called to treat the affection. Hence it is not a strange or theoretical subject to any of you.

### AS TO ITS NAME AND ORIGIN.

Dunglison says *la grippe* is a vulgar name for several catarrhal diseases which have reigned epidemically as influenza. The French call it the "gripper," which means to "clutch," to "seize,"—I think a good name,—and the Germans call it "blitz katarrh." It is sometimes called Russian influenza, because it is supposed to have had its origin in Siberia. The Italians in the seventeenth century called it influenza.

If we accept it as an influenza or an epidemic catarrh, we find that it invaded and swept over Europe as far back as the fifth century, and was called "influenza Europæa." From the fifth to the fourteenth century I find no chronological report. From the fourteenth up to and including the present century we find it occurring and re occurring. In this, the nineteenth century, it is reported universally epidemic in the years 1800, 1803, 1831, 1833, 1837, and 1843. In Copenhagen, early in January, 1837, Dr. Otto says that at least thirty thousand persons had it at once. Dr. Holland says that within the space of six or seven weeks half the population of London (six hundred thousand) suffered under it. "In one of the London prisons," says Dr. Holland, "sixty persons were seized with the disease in one day, and he has often known six and eight persons in one family smitten down in twenty-four hours." Watson relates an instance where an English ship, in this year (1833), approached the Devonshire coast with all hands in good health; within half an hour after reaching a certain distance from the shore, the wind blowing toward the sea, there were forty men down with influenza; in four hours, sixty; and in twenty-four hours, one hundred and sixty.

"In May, 1782," says Professor Good, "Lord Anson sailed with a fleet for the Dutch coast and Admiral Kempenfelt for that of France. The crews of both fleets were well on sailing, but in the same month both were attacked very generally, and the latter was obliged to return home to recruit."

In comparison with these instances, we have the reports from London, dated January 9, 1892, where the present epidemic has attacked the British war-vessels and laid off half or two-thirds of their crews. In citing these latter cases, I do it to show that the disease has no confines; that it is as potent on sea as on land; unlike hay-fever catarrh, which is almost always relieved by a sea-voyage. I might go on and quote reports of the sudden invasion and rapid spread of the disease all over the land, until I should weary your charitable patience; but these reports you are thoroughly familiar with, said reports showing that the disease in Paris and London at this writing is still spreading, and increasing in virulence and in the percentage of deaths.

In this *la grippe*, influenza, or epidemic catarrh, as you may appropriate, there are three remarkable characteristics, viz., its suddenness of invasion, its potent influence, and boundless field of operation. "It comes as a thief in the night." Its influence is felt in all business and every walk in life. The globe is its field.

With the knowledge of the existence of such a disease, scientists and experimenters have been searching for the cause, "that preventive measures might be used to stop its spread and check its ravages." During all these centuries little or nothing has been known of its etiology. Different writers have ascribed different causes, and scarce any two agreeing. The air, the soil, the fogs, the wind, the seasons, the electrical conditions of the atmosphere, volcanic eruptions, etc., have all taken their share of censure. It is certainly evident that the microbe hunter did not live a hundred years ago, for it remained for the present epidemic to develop the cause and the detective scientists of the present day to catch the thief (or, at least, what the germ theorist might say was the enemy or guilty thing). Hence, if we accept the bacterial theory, the cause is found. In continuance of this notice, the dispatch appearing in the New York World, January 6, 1892, and subsequently in all the leading papers of the country, sets the whole matter at rest:—

* Read before the Camden (New Jersey) County Medical Society, February 9, 1892.

NOW FOR THE PREVENTIVE.

DR. PFEIFFER DISCOVERS THE GRIP GERM AND THE CAUSE OF THE INFECTION.

BERLIN, January 5.—Dr. Pfeiffer, son-in-law of the distinguished Professor Koch, has discovered the influenza bacillus, and has transplanted it in 6 cases with complete success.

He has also discovered the original cause of infection.

The bacillus of influenza is the smallest bacillus yet discovered.

Another doctor of Berlin, an assistant in the City Hospital, discovered the microbe of influenza almost simultaneously with Dr. Pfeiffer. The latter discovered the germ in the sputum, while the former found it in the blood.

This micro-organism strongly resembles the common inflammatory microbe, streptococcus pyogenes. Both doctors have reared it artificially, and have inoculated animals with the pure cultures. It is not known, however, whether either has obtained a specific cure from the cultures.

Following close on to this is the following, which appeared in the Philadelphia Press of about January 13, 1892:—

THE DEADLY MICROBE CORRALLED AT LAST.

DR. SAMUEL G. DIXON HAS THE LITTLE GRIP PRISONER UNDER GLASS.

LIKE ITS COUSIN IN BERLIN.

*A Rod-shaped Vegetable Cell Found Through the Congestion of an Eye—Supposed to be the Genuine Germ.*

It has taken a doctor and a newspaper reporter to get up this printed heading and the article, which was afterward printed in the Press. It has a striking caption and a doctor's advertisement. Like a fairy tale, you read it all the way through and there is nothing in it.

The Koch family seems to have a patent on these discoveries, and I have no doubt but that this bacillus or microbe of Dr. Pfeiffer's will go to sleep with its father-in-law, "the bacillus tuberculosis," and in the same house, if not in the same room, with the "great elixir of life," that so many honorable and honored members of the profession expected to enrich themselves with.

My own opinion is, that the cause of this wide-spread epidemic is still shrouded in mystery; but should I be forced to either theory it would be the atmospheric. My reason for this is because of its catarrhal nature, affecting as it does almost exclusively the membranous portion of the economy, especially the mucous membrane of the nose, throat, and bronchi. I question if a doctor would think he had a case of *la grippe* unless one or more of these parts were affected.

Professor Da Costa says the disorder sets in suddenly, and attacks pre-eminently the mucous membranes.

I need not describe its symptoms, for the student of to-day is familiar with them, even as varied as they are, but will call your attention to the three principal diagnostic symptoms which uniformly prevail in a greater or lesser degree, viz., inflammation of the mucous membrane of the nose, throat, and lungs.

Other and sometimes more distressing symptoms may prevail, but my observation has been that the serious results of this disease are due, in a large percentage of these cases, to pulmonary lesions especially, and hence should receive special attention.

I do not think the mortality as great to-day as in former invasions. It is stated that the number of deaths in London during one epidemic of influenza or *la grippe* was greater than that from epidemic cholera the previous year, and that the *la grippe*, when it assailed New York, in 1843, at once doubled the average weekly list of deaths. Certainly this cannot be said of the present epidemic, for I think the profession of to-day is fully armed and equipped, and comparatively few cases are lost where medical aid has been timely summoned and advice obeyed. If you will take the trouble to investigate, you will find in most cases where death ensues that the patient, either in the earlier or latter stages of the disease, has taken his or her own head, and disregarded the importance of calling or obeying the advice of their physician.

TREATMENT.

If the patient was healthy when attacked, aside from hygienic rules, you have three things to do or to look after, viz., the bowels, the fever, and the lungs. Almost every doctor has his own favorite remedies, and, so long as they do not disappoint him, he will use them. I have mine, but am not pledged or prejudiced. I am not trying, in my private practice, every new remedy thrown on the market.

In some cases you will find watery stools and enteric pains. These I usually control by a mixture of dil. sulph. acid, deodorized tr. opii, kino, aromat. syr. rhei, and brandy; but in

most cases you will find a furred tongue, sluggish liver, and torpid bowels. Here I would give my calomel, nitrate of potash, and perhaps a little Dover's powder.

In all cases I give small doses of quinine, and continue it until all febrile symptoms are gone. For the cough, when produced by a congestive irritation of the lungs, I am very partial to the following combination :—

℞ Tinct. opii, . . . .
Am. carb., . . . .
Am. mur., . . . .
Syr. scilla, . . . .
Ether. chloric., . . .
Mist. glyceriz. c., . .
Syr. prun. virg., . .
Syr. tolu., . . . .

The proportions, dose, and intervals I would vary according to age and condition of patient.

N. W. Cor. Sixth and Penn Streets,
Camden, N. J.

## *AMUSEMENT AS A THERAPEUTIC MEASURE.*

By WILLIAM R. D. BLACKWOOD, M.D.,
PHILADELPHIA.

THOSE who treat as many cases of nervous disease as I do in a year will have come to the same conclusion as myself (sooner or later), that drugs, *per se*, are of less use than most people believe, and that much more can be done by the enforcement of cheerful surroundings in the way of habitation, diet, and associates, than by prescribing either alteratives or tonics, let their nature be what it may. This is particularly so in that numerous list which comprises the hysterias and the monomaniacal class. It has been a pleasure to me to do much for many such unfortunates through regularly and carefully arranging a systematic list of amusements for them, day by day and night by night, somewhat in this manner :—

After the morning massage and electricity a simple lunch is taken; then comes a visit to the Park, in either a cozy vehicle or per the street-car, and now and then through the mediumship of that ancient but reliable conveyance, "Shank's mare." If not too plebeian in its nature (for you must consult the whims of the invalid in this as in all other points), I prefer the latter method of progression; however, we see that our friend is taken, in say a couple of hours' ramble, over a part differing as to locality on each succeeding time, which will show some of the beauties of this pleasure-ground, so great an ornament to Philadelphia (and so much superior to all other city parks). Then comes the midday rest, after another light repast, with a good novel to while away the hours till dinner, which must be as substantial as possible. Now a short nap till the evening shades appear (which, being interpreted, meaneth that, from innate modesty on all occasions, Philadelphians always "pull down the blinds"). Then comes your chance to get the sufferer away from himself—or herself—more frequently. The evening having been well spent, insomnia won't be half so common as it is too often. If we can by any means hold the attention of the person whilst digestion is progressing, then sleep will, of itself, ensue; and thus the recurring sulfonal, hyoscine, *id omne genus*, will be saved its somewhat disastrous effects on the stomach, to say nothing of the pocket-book. I don't think that Miss Harris, the energetic and admirable manager of so many elegant entertainments at the Academy of Music, knows how much many of my worst cases are indebted to her in the way of amusement and instruction; and I am sure that Messrs. Zimmerman and Nixon, the genial Worrell, and our new managers—Messrs. Rich and Harris—don't know at all. In my boyhood days what dingy specimens we had of the temple of Thespis! To-day where can any city show such palaces of amusement as the Chestnut Street Opera House, the South Broad, the Empire, the Park, Kellar's Egyptian Hall of Mystery, and the Academy, with twenty others to choose from? Where, also, can more elegantly-mounted and better-cast farce, drama, opera, or spectacle be found than on the boards of these unequalled houses? With every comfort for the spectator in the auditorium, and enjoyable presentations of all the latest and best productions on the stage, how can an evening be spent to better advantage by one in search of forgetfulness of self and its ailments—miseries worse, by far, than any other type (for mental distress outweighs in its depressing effects the purely so-called "body ailments")—than in such quieting relief? Nowhere, I am sure, because I speak from experience (as the doctor, not the patient), and experience here, as elsewhere, is the best teacher. With a visit every second evening to one of these rejuvenating resorts, I

combine in the interval something in the way of social amusement at the home; or, in the case of those who enjoy the exercise brought into play by "tripping the light fantastic toe," nowhere can they better find this pleasure in public meetings than under the supervision of our well known caterer to this healthful excitement, Mr. Sol. Asher. For those who don't care for such amusement, there is the social test of billiards, or other game of skill or chance, or combination of both. Sunday I find the most difficult of all days to spend, for solemnity and lugubriousness are to be studiously avoided at all risks. If, however, the patient must go to church, then I advise him or her (as the case may be) to patronize that denomination referred to in an argument on such topics, and which caused the doctor such a laugh when he saw the point, after telling his consulter to take "exercise," the reply of the poor man being: "Doctor, I do take plenty; my wife belongs to the Episcopal Church!" "Why, what has that to do with my suggestion?" said the physician. In reply: "Well, doctor, I know that you have no time to attend to such matters, but if you can sometime spare an hour on Sunday slip into an establishment of that nature, and before you get out you will find that 'exercise' is a very important and necessary part of that style of worship!" Therefore, if your patient must go to church, send him there.

A friend who happened into the sanctum whilst this production was being type written asked me what I did in the case of those who object to such amusements? Well, a doctor gets hold of all sorts and kinds, and sometimes invalids do come along whose "convictions" cause them to inflict on me a homily as to the "vanity of earthly pleasures," etc., etc.; so I listen as quietly as may be to them, and when they are through I tell them that all my medicines are taken just as I order them to be taken, and that besides drugs I employ diet and other matters, such as exercise for the body and mind, and that each of these is to be attended to precisely as I direct, and not otherwise. The sensible ones fall in with my ideas; those who differ from my opinion are referred to other medical advisers at once. Fortunately for the doctor (and unfortunately for the invalid), it is the educated and intelligent class which suffers from nervous trouble. These people want to get well, and they do what they are told to do by the physician, whom they trust with their health and lives. Those antique specimens—who are, fortunately, growing scarcer every year—who see in amusement and legitimate pleasure nothing but evil, haven't brains enough to ever develop neurasthenia, and when they consult me I get rid of them as quickly and politely as possible. We must have as much fun here as can be gotten out of a short life, for we will be a long time dead!

I have been asked occasionally why I decried medicine in handling nervous disorders as much as I do in my articles in various journals, and, as some of these inquirers are readers of this excellent periodical, I take this method of telling briefly what else I depend on besides drugs; try this for yourself, and see.

246 North Twentieth Street.

## *OVARIAN TUMOR; OVARIOTOMY.**

By E. E. MONTGOMERY, M.D.,

Professor of Obstetrics and Gynæcology at the Medico-Chirurgical College; Obstetrician to the Philadelphia Hospital; and Gynæcologist to the St. Joseph's Hospital.

GENTLEMEN: I shall bring before you to day a patient who by nativity is an Italian, and is unable to talk English; consequently we know but little of her history, further than she is about 30 years of age, married, and suffers from an abdominal distension, for which she had been tapped about ten days ago, and some two gallons of a dirty, thick fluid withdrawn. The history of tapping and the symptom of fluctuation still existing, would indicate that the distension was due to the presence either of accumulated fluid or a cystic tumor. In dealing with such a patient it is important of course to determine, as near as possible, the character of the growth before we proceed to operative measures. We could, of course, have the symptoms just mentioned from either of these conditions. That this distension, however, is not due to ascites, is evident from the fact that, as the patient lies upon her back, the abdomen does not become spread out and flattened as would be the case if the abdominal cavity contained fluid free to gravitate with the change of position of the patient. Again, this growth is situated in the lower portion of the abdomen, which is more extensively dilated than the upper. As the patient

* Clinical lecture delivered at the Medico-Chirurgical Hospital, March 1, 1892.

lies upon her back the lower part of the abdomen stands upright, or, indeed, even projects a little downward, which we would not find to be the case in an ordinary distension from the accumulation in ascites. As we palpate the abdomen fluctuation is quite distinct, but it does not extend from one side of the abdomen to the other, indicating consequently that the sac containing this fluid is not a single one. This is still further confirmed by palpating over the abdomen, when we notice irregularities or nodules indicating small collections of fluid. The abdominal walls are quite rigid, and the mass has but little freedom of movement. In percussing over the abdomen, our suspicion that this fluid is contained within a sac is still further confirmed by the circle of resonance. You will notice that in percussing the abdomen it does not become resonant, but we will pass above the growth, when there is a resonant sound. Over the summit of the mass there is an absence of resonance. If we had to deal with a case of ascites, we would find that at the highest point the resonance would be most marked, due to the fact that the intestines being filled with gas float upward in the free liquid, and are recognizable at the summit of the distension. It is well to remember, however, that there is a possibility of error where the distension is very great or where inflammatory changes have taken place, by which the omentum is shortened. In such cases the omentum may not be free to float sufficiently high to come in apposition with the abdominal walls, and a layer of fluid intervenes here. Light pressure in percussing will give rise to absence of resonance, while deeper pressure establishes the resonance by displacing the intervening layer of fluid. In this case, however, we are unable to deeply depress the surface, for the reason that the cyst is tense from the accumulation of fluid within it.

The but slight movability of the tumor, with its situation low down in the pelvis, the abrupt wall of the lower part of the abdomen, all indicate that it is pretty firmly adherent. It may have developed within the broad ligament, giving rise to what is known as intra-ligamentous cyst, or it may have a short pedicle. It is not usually recommended that such cysts should be tapped, but this patient was suffering so greatly from the distension that her physician thought wise that she should be subjected to tapping in order to relieve the pressure upon her diaphragm and improve her respiration. I am rather gratified that tapping has been done, for the reason that the patient will not suffer so greatly from the shock of the removal of the mass as she would if a still larger tumor had been removed. The objection to tapping in such cases is, that the fluid in these cysts is usually irritating in character, is thick and viscid, oftentimes contains broken down blood or other material, which, when it comes in contact with the peritoneal cavity, develops an attack of peritonitis; the inflammation of the peritoneum causes an increase of adhesions, so that the tumors in some cases may become entirely adherent. The danger of adhesions will depend very greatly upon the character of the fluid of the tumor: thus, in a small, monocystic tumor the fluid is usually non-irritating in character, and makes but little difference should it come in contact with the peritoneal cavity. In the larger polycystic tumors the contents are usually more thick and viscid, irritating in character, and a source of danger to the patient wherever it comes in contact with the peritoneal surface. In a polycystic tumor, also, the trocar enters possibly one cyst; this becomes emptied, or partly emptied, and the tension of the other cysts is sufficient to cause the puncture to remain open; the contents of the cyst will escape into the peritoneal cavity, resulting almost certainly in an attack of acute peritonitis.

Another cause of extensive adhesions in these growths is in those cases in which the tumor is provided with a long pedicle and is free from adhesions; owing to the intestinal motion, passage of the bowels, or other causes, the tumor becomes twisted upon its axis, and the patient suffers with a tumor imprisoned in the peritoneal cavity, deprived of its full supply of nutrition, resulting in an enfeebled circulation and an œdematous condition, producing a rapid increase in size, also more or less inflammation of the parietal peritoneum and the development of extensive adhesions.

In some cases the twisting may be so acute and extensive as to lead to complete arrest of the circulation in the tumor, to gangrene or suppuration, formation of extensive adhesions, and the death of the patient, unless prompt operative interference is instituted. In these polycystic tumors the fluid differs very greatly in the different portions of the cyst. Thus, in some we may have it exceedingly thick and

viscid; in others, straw-colored; in others, again, the color of blood or pus, or consists of sebaceous material. The latter condition is found more particularly where the tumor is the result of a congenital condition; a folding in of what is known as an epi- and meso-blast, or those portions of the embryonic tissues which go to the development of bone, teeth, hair, and other structures of the skin. These growths are those which are known as dermoid. The presence of extensive adhesions in a tumor, while it does not contra-indicate attempts at removal, does, to a great degree, affect the chances for a prompt and complete recovery.

In preparing for the operation, we have exercised every precaution possible to prevent the soiling of the peritoneal cavity or the introduction into it of any material of a septic character. The hands of the operator and assistants, instruments, sponges, and all the paraphernalia have been as thoroughly sterilized as it is possible to accomplish. As I stand upon the left of the patient, I make an incision, about four inches long, midway between the symphisis and umbilicus. This incision is made through the skin, superficial fascia, the muscular walls,—which are exceedingly thin in this patient,—down to and into the peritoneum. As the adhesions seem to be pretty extensive, it is sometimes difficult to separate the parietal peritoneum from that covering the surface of the cyst. It is well to carry your incision upward toward the umbilicus; by so doing we are better able to determine that the peritoneum has been opened. At this point the tissues form one solid mass with the peritoneum, so that the opportunity of separating the two surfaces is much better.

As we open the peritoneal cavity, we find the adhesions to the anterior parietes very close, so that this tumor has to be peeled off. This is done over the line of the incision, and the trocar plunged into the surface of the cyst to the cyst-walls. It is grasped with cyst-forceps, and dragged out in such a way that any escaping fluid shall not run back into the peritoneal cavity. We empty out one of the cysts, and find that the quantity of fluid, while large, is not all contained in this cyst; there is a still larger cyst above, and, as we cannot bring it out without enlarging the opening, I propose to pass the trocar through the cyst, in which it is introduced into the large cyst beyond. In this way a still larger quantity of this dirty, grumous material is drawn off, and we are able now to drag the cyst down.

I separate the adhesions at the outlet, and these adhesions, as you see, are largely to the omentum, until the tumor itself can be dragged out of the opening. As this is done, you see that it occupies the broad ligament, which is spread out over it. The entire broad ligament forms a pedicle, which is between three and four inches in width. As the tumor is a considerable weight to hold up, we hastily seize the pedicle with clamp-forceps and cut off the mass. Having done this, we now proceed to ligate the pedicle. Instead of ligating it by passing a double ligature through its centre, I will ligate it, as you see, in three sections. In this way the broad ligament is not puckered up to the same degree; no pockets are formed for the imprisoning and retention of the intestines. Having ligated the pedicle in three sections with catgut, the clamp-forceps are removed, with a view to determine the security of the ligation. Finding that it does not bleed, we will proceed now to remove from the peritoneal cavity any fluid that may have been retained in it, look over the adhesions of the omentum where adhesions have been torn off, and, as there is one portion of it that seems to bleed freely, we will tie it and cut off the extremity. Sponging out the fluid from the abdominal cavity, we now examine for the other ovary. This should be a routine plan of treatment, as otherwise you may omit a second ovarian cyst of considerable size, and your patient have to undergo a second operation later for the other cyst. As we examine the other ovary here, however, we find the left ovary and tube perfectly healthy; so they will not be removed.

The abdominal cavity is now thoroughly irrigated and dried out by sponging preliminary to closing the wound. We pack sponges in the abdomen, cover this over with an artificial sponge made of several thicknesses of gauze, which has been carefully cleansed, until the sutures are introduced. In looking at the upper part of the abdominal parietes, above the wound, we find that the peritoneal surface has been denuded by extensive adhesions; and, as considerable oozing takes place from this surface, we will endeavor to control this and prevent the exposure of the parietes by introducing sutures in such a way as to bring these raw surfaces in contact. As there

is considerable oozing from the extensive adhesions, it would not be safe to close this wound without taking the precaution of securing drainage. I have not at hand a suitable drainage-tube, but will use instead a twist of iodoform gauze, carrying this down into the pelvis and bringing it out at the lower angle of the wound. Through this, by its capillary action, we will expect a large quantity of fluid to be drained off. The wound is carefully closed, taking care to coapt the edges of the different tissues, and the loss of intra abdominal pressure is made up by applying a considerable thickness of cotton over the surface and holding this in place by strips of plaster and a tail bandage. The woman's pulse has been quite good during the operation, but she has shown considerable disturbance of the respiratory centres.

We will give her a hypodermatic injection of strychnine ($\frac{1}{20}$ grain); repeat this in half an hour if she does not rally completely from the shock. The wound is dusted with aristol, covered with iodoform gauze, and a large quantity of cotton-packing held in place, as we have just mentioned. At the lower angle of the wound we will wrap about the drain a considerable mass of gauze, and over this cotton, expecting that this dressing will be pretty well saturated with the discharges that will take place. The patient will be placed in bed, and kept quiet. As she is in a somewhat feeble condition, we will endeavor to nourish her by rectal alimentation until we can be certain that the stomach will bear nourishment; hot bottles will be packed about her, taking care that a blanket intervenes, so that there will be no danger of burning.

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## *EPILEPSY ASSOCIATED WITH PREGNANCY.*

By A. B. STRAIGHT, M.D,
SILVER SPRINGS, N. Y.

THE following case has been of much interest to me, and I believe it to be a very peculiar one. The report I have of it was obtained from the husband and mother of the woman, and is as follows:—

Mrs. B., aged 34, has always enjoyed good health; was married, and at the age of 24 became pregnant. Pregnancy did not at all interfere with her good health until the third month, when at her usual duties she was seized with a convulsion, with biting of tongue, etc., resembling an epileptic seizure perfectly. She continued to have these spasms about once per month for three years. She then became pregnant again, the fits continuing through term and lasting about one year after delivery, when they gradually disappeared, and, at length, one year passed without a single seizure.

She again conceived, and on the third month the fits occurred again, and continued until delivery. She had one during the first week after delivery, and no further recurrence for three years. She then became pregnant again, and at the usual time—about the third month—she was again attacked, the convulsions being severe in character and much more frequent than formerly, one occurring every week. On December 3d I was called to attend her in confinement. I learned nothing of the attacks, and, when the first stage was fairly begun, she went into a convulsion. From the history obtained, I thought her case to be that of puerperal eclampsia and hastened delivery. She had never before had a fit during labor. The character of the convulsion was not unlike a true eclampsia accompanying pregnancy. She complained bitterly of intense pain in the head, and amaurosis was very well marked. The woman gave birth to a nine-pound baby, which was perfect in every respect.

The urine upon examination was nearly normal, containing barely a trace of albumen. Her convulsions were beyond a doubt epileptic. She would experience an aura beginning at her hips and ascending until consciousness was lost.

The paroxysms have not appeared since her confinement, and she is now enjoying as good health as any woman, nursing her babe. Epilepsy was never known on either parental side, and she had never had a sign of it until the third month of her first pregnancy.

To my mind the epileptic seizures were due to the pregnant state, but why they should continue for three years after first delivery, and then after a second labor disappear for one year, and after third delivery did not occur for three years, is a question. Her family states that she has been treated for epilepsy by several physicians during the three years of their continuance without any apparent help. Her children are all very perfect ones, and her health is very good when not interfered with by the fits mentioned.

# ABSTRACTS.

### ALOPECIA CIRCUMSCRIPTA IN EPILEPTICS.

At a meeting of the Biological Society, January 16th, M. Féré said that he had frequently observed this condition of the scalp in the subjects of epilepsy. A direct relation can seldom be established between the attacks and the development of bald patches. Nevertheless, in one patient long under the influence of the bromide, and in whom paroxysms occurred rarely, he had seen, consecutive to a very violent spasm, four circular and very characteristic spots of alopecia develop with great rapidity. They did not increase in extent. Growth began three weeks after their appearance, and in six weeks the cure was complete without any treatment.—*Le Progrès Médical*, January 23, 1892.

### A HITHERTO UNDESCRIBED FORM OF SYMMETRICAL OSTEOPATHY.

At a meeting of the Medical Society of the Hospitals, January 15th, M. Marie presented a patient, a young woman 29 years of age, who, five years ago, noticed a painful swelling of the right tibia, beginning 4 or 5 centimetres (1½ to 2 inches) above the ankle-joint, and extending to a height of 7 or 8 centimetres (2½ to 3 inches). Soon afterward a similar enlargement occurred at a corresponding portion of the left tibia. The lower extremities of the femurs next began to enlarge in the same manner. Two or three years later a tumefaction occurred at the upper end of each radius and humerus without involving the epiphyses. No special alterations are observed upon the cranium. Upon the face both superior maxillary bones are hypertrophied so that they project 1½ centimetres (½ inch) beyond the inferior maxilla. The last upper molar is situated about 1 centimetre (⅓ inch) in front of the last lower molar. The body of the lower jaw-bone seems thickened. The extremities of the limbs are intact, except for a slight thinning of the last phalanges and a very well-marked longitudinal striation of the nails. Peculiar trophic changes are seen in the skin, especially a decided melanoderma with desquamation of the entire trunk and upper portion of the limbs. Some striæ are present in the skin above the knees. The thyroid body could not be perceived. Menstruation has entirely ceased during the last nine months. The patient experiences acute pain in all the bony swellings. She is very debilitated, cachectic, and presents signs of tuberculosis which cannot, however, be referred to a very distant period. She cannot, I think, have been tuberculous in 1887, when tumefaction of the bones began. From a diagnostic point of view, we may certainly eliminate the *leontiasis ossea* of Virchow, which is characterized by multiple tumors of the face and cranium. Neither is this affection the *osteitis deformans* of Paget, for we have here no deformity of the cranium, no curvature of the limbs, and the age of the patient is far below that of the disease described by Paget (50 years).

Does the case depend upon congenital or acquired syphilis? No evidence of such dependence can be obtained. The patient, who seems worthy of belief, asserts that she has never been diseased. At all events, the symmetrical and systematized arrangement of the lesions would be a very singular phenomenon.—*Le Progrès Médical*, January 23, 1892.

### GANGRENE OF THE LOWER LIMBS IN THE COURSE OF A PNEUMONIA COMPLICATING INFLUENZA.

At the same meeting M. Rendu described the case of a woman, admitted during his service, suffering from grave broncho-pneumonia in consequence of influenza. The patient was so oppressed and cyanotic that she seemed to be at the point of death. Subcutaneous injections of ether and caffeine were ordered. On the following day she was still living, and the pulmonary condition had improved. She complained, however, of severe pain in both lower limbs. Upon examining these they were found œdematous, with red patches which had an ecchymotic appearance. The occurrence of gangrene was suspected. The lesion was very extensive upon the calves, on which the skin became necrotic, surrounded by a violet zone and line of demarcation. The feet became cold and the great toes gangrenous. M. Rendu sought for the causes of this thrombosis. During the course of the pneumonia M. Boulloche had found pneumococci in the sputum. At the autopsy a pneumonia was seen in the stage of resolution, with points of suppurative broncho-pneumonia and spots of congestion. An enormous coagulum occupied the aorta near its division into iliacs, and descended even into

the two femoral arteries. These fibrinous thrombi were adherent to the walls of the vessels. The left femoral vein also contained a clot. An old clot was found in the heart at the lower extremity of the left ventricle. The centre of this clot had a puriform appearance. The right renal artery was completely obliterated by a thrombus. The right vein was a species of total infarctus and completely necrobiotic. During the course of the disease the idea had been entertained of having amputation performed by M. Le Dentu who, however, declined to intervene, fearing the effect of shock. No trace of albumen had been detected in the urine. Finally, the patient was not atheromatous. The anatomo-pathological examination of the arterial walls revealed no sign of local irritation. In the venous clot pneumococci were found, of which pure cultures were made. The thrombi had probably formed at the period of cardiac collapse in consequence of the retardation of the circulation. In fact, it was on the day succeeding this collapse that the œdema of the lower limbs and gangrenous patches were observed. In cases of arterial obliteration, therefore, it is not necessary to believe that the endarteritis has been primitive. In the present case the coagulum was the primary lesion.

M. Netter remarked: "Gangrene of the lower extremities is very rare in pneumonia. I have found but one instance mentioned by Couty. It is always difficult to say that there has been no arteritis. In the case of M. Rendu section of certain points of an artery was made, but not of all points, and arteritis may possibly have been present. I have observed 2 cases of infectious arteritis and endarteritis in the course of pneumonia. In response to a question by M. Merklen, M. Netter observed that in cases of endocarditis during pneumonia pneumococci have been found in the heart-clots."—*Le Progrès Médical*, January 23, 1892.

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DERMATITIS EXFOLIATIVA NEONATORUM.

At a meeting of the French Society of Dermatology and Syphilography, January 14th, MM. Paul Raymond and Barbe presented an infant the subject of the above process. The eruption had appeared about the tenth day after birth, and, in the course of five weeks, had invaded the whole body. It was characterized by a diffuse redness, more intense in certain places than in others, and by foliaceous desquamation. In certain parts of the body small vesicles were observed. The rash gave rise to itching, but did not seem to have an injurious reaction upon the system. The general condition was good, and it was thought that the case could probably be cured. There was no lesion in the mouth. The hair fell in spots.—*Le Progrès Médical*, January 23, 1892.

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ABORTIVE TREATMENT OF BUBOES.

After alluding to the dread which patients suffering from buboes have of operative interference, A. Blaschko, of Berlin, describes the method which he has lately pursued, even in those cases attended by decided fluctuation. By a simple and convenient management he has been able to effect a complete retrocession of the tumor, with absorption of the pus. His plan consists in the combination of two well-known and reliable agents, viz., mercurial plasters and warm mush poultices. Although the resolvent properties of mercury are recognized, as well as the power of poultices to promote and hasten the formation of pus, yet he has found that, when used in conjunction, the action is typical of the mercury. By the adoption of this method, it is not necessary to confine the patient to bed. In fact, after the tumor has ceased to pain the patients may pursue their ordinary occupations. The plaster is applied to the swelling and covered with the poultice, which must not be made too thin, and which is held in place by a light bandage. The duration of the treatment is three or four weeks at the most; no longer, in other words, than by the operative method.

It is acknowledged that large collections of pus, as, *e.g.*, in empyema, may be entirely absorbed, the pus probably undergoing a fatty transformation. The same change presumably occurs in the pus of buboes, which contains no micro-organisms, but is due to the irritation produced by chemical products.—*Deutsche Med. Zeitung*, January 11, 1892.

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SPINAL SYMPTOMS IN THE COURSE OF GONORRHŒA.

The closely similar histories of 2 patients are related by Drs. Spillman and Haushalter. Two young women became infected, toward the close of pregnancy, with gonorrhœal vaginitis. The following train of symptoms was soon manifested: extremely painful ar-

thropathy of the knee, lancinating pains, formication, painful hyperæsthesia of the lower extremities, rapid muscular atrophy, paraplegia, trophic alterations of the skin, œdema, lichenoid eruption, a quickly-developing bedsore over the sacrum. The sphincters were uninvolved. Labor was normal, but the symptoms enumerated persisted for several weeks, when the pain and paralysis diminished, and subsequently disappeared. The cutaneous lesions vanished, and there remained only the knee trouble and the muscular atrophy. The affected muscles, however, gradually became stronger. The movements of the lower limb were impaired, on account of the condition of the knee.

The writers leave it undecided whether the manifestations depended upon lesion of the cord or multiple neuritis. If the cord were involved, the absence of disturbance of the sphincters would point to a lesion situated a little below the lumbar enlargement.

The authors have likewise had the opportunity of examining a fatal case of acute infectious polyneuritis, the symptoms of which had been very similar to those above narrated,—acute pain in the lower limbs, abruptly beginning muscular atrophy, œdema and petechiæ of the skin, knee trouble with effusion, and integrity of the sphincters.—*Deutsche Med. Zeitung.*

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### TREATMENT OF DIARRHŒA BY MEANS OF LACTIC ACID.

This method, introduced by Hayem, has been tried by Schtschegolew, with good results, in 40 cases of diarrhœa due to various causes. In 25 cases, in which the discharges occurred toward the end of typhoid fever, the improvement was but slight. On the other hand, in 15 cases the affection ceased in two days (a daily average of 2.5 grammes having been given); in 5 cases it yielded in three days; and in 3 cases on the fourth day (6.6 grammes having been administered each day). The most favorable results were obtained in intestinal catarrh and intestinal tuberculosis. The remedy failed only in 2 cases of colitis. The reporter had generally ordered 8.0 grammes per day, though Hayem gives 12 to 15 grammes as the maximum dose. It was given in distilled water with simple syrup.

Tschernyschew has employed lactic acid in 20 cases, 3 of which were acute and 6 chronic intestinal catarrh, 8 tuberculous, and 3 of nephritis accompanied with diarrhœa. In 4 cases it failed, as did likewise opium and other agents. In the remainder, however, it exerted a favorable effect, especially in 2 cases of chronic catarrh of the bowel.—*Deutsche Med. Zeitung*, January 21, 1892.

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### ELEPHANTIASIS CONSECUTIVE TO LUPUS.

At a meeting of the Dermatological Association of Berlin, January 5, 1892, H. Lassar exhibited a woman, 27 years of age, who, from childhood, had suffered from lupus of the left lower limb. During the past year the disease has involved the entire foot and leg. Under the influence of this chronic process a well-marked elephantiasis of the leg has developed as a complication.—*Deutsche Med. Zeitung*, January 21, 1892.

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### HYGIENIC HYDROTHERAPY OF CHILDREN.

Dr. Jaumey Matas summarizes his paper upon this subject in the following aphorisms:—

1. The use of cold baths for children was formerly more frequently recommended by physicians than at present.

2. The cold bath may be regarded as a gymnastic exercise. It strengthens the body, favors transpiration and secretion, and, used judiciously, protects against attacks of disease.

3. Children prefer hydrotherapy to many other therapeutic methods.

4. It accustoms them to cold, and is in so far a prophylactic against many forms of disease.

5. In healthy subjects cold baths are followed by no evil consequences.

6. Hydrotherapy has a powerful tonic influence, and has an energetic action in modifying morbid organic conditions.

7. It is an admirable protective measure against catarrh, rheumatism, and all ailments originating from cold.

8. As a preparation for the hygienic use of hydrotherapy general sponge baths and douches are to be recommended, the first to be preferred for children of tender years, the latter for those more advanced in age.

9. In the case of very sensitive children the baths should at first be made lukewarm, and the temperature may gradually be reduced to 55 degrees or 57 degrees.

10. Hydrotherapy is applicable to children of all ages.

11. The general adoption of hydrotherapy

would reduce the rate of mortality among children.

12. The baths should be of short duration, not exceeding one minute.

13. The flesh-brush, massage, hydrotherapy, sea-baths, and gymnastics are the best means of strengthening a weak or lymphatic constitution.

14. The use of the bath should constitute an indispensable part of the training of children.—*Deutsche Med. Zeitung*, January 21, 1892.

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### CANCER OF THE THYROID GLAND.

M. Porte relates the case of a man aged 51 years, under the care of Professor Poncet. The case was interesting from three points of view: the development of the tumor upon an old goitre; the rapidity of its growth,—it having only been noticed three months prior to admission; and the occurrence of suppuration at certain points, accelerating the termination of the case. The patient had had a goitre of the right lateral lobe since he was 25 years of age. Three months previously he had observed in this situation the presence of hard nodules, which, by compression of the trachea, gave rise to trouble in breathing. On admission his face was cyanotic and the veins of the neck were swollen. Three days later there was slight fever. After the lapse of two more days he had a spasm of suffocation. Laryngotomy was performed and the man was relieved for an hour, when the difficulty returned and the patient succumbed at the end of three hours. At the autopsy a tumor was found, which descended to within one-half inch of the bifurcation of the trachea. The tumor had involved the posterior portion of the trachea, which was ulcerated.—*Revue de Laryngologie*, etc., January 15, 1892.

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### THREE CASES OF OCULAR DISEASE DUE TO MALARIA.

Dr. Bagot observed 3 cases at Pointe-à-Pitre, Guadaloupe, where severe malarial accidents are not infrequent. The basis of treatment is always, in such cases, sulphate of quinine, given especially in the form of hypodermatic injections, when comatose or convulsive symptoms are manifested. Notwithstanding this constant use of the remedy, instances such as he describes are exceptional,—a fact which leads him to believe that they are produced by the disease and not the drug.

A mulatto youth of 15 years was in good health until attacked by a severe bilious intermittent fever, of a comatose form, complicated with gastro-intestinal accidents. Decided malarial symptoms continued two or three days, and were immediately succeeded by failing sight. Three months later complete double soft cataract was found present. After operation, and by the aid of glasses, perfect vision was regained. The fundus of the eye was healthy.

A mulatto girl, aged 16 years, who had suffered from numerous malarial attacks, was seized with pernicious malarial fever, accompanied by loss of consciousness, convulsions, and delirium, lasting three days. Soon after vision failed, and nine months later the patient was blind. Here, also, a soft cataract was found in each eye, and, as in the preceding case, vision was restored after operation.

A young white child had a pernicious attack, with delirium, convulsions, and loss of consciousness. Upon recovery she was troubled for one day with erythropsia, red vision, after which she rapidly lost her sight, and was entirely blind at the end of five days. Ophthalmoscopic examination revealed the presence of hæmorrhagic spots in the vicinity of the macula of one of the eyes. The little patient gradually recovered a slight degree of sensibility to light. She could perceive a lighted taper when passed before her eyes in the dark. A year later she was examined at Paris and at Bordeaux by competent ophthalmologists, who made the diagnosis of papillary atrophy of malarial origin. Vision has since gradually improved a little in the left eye, so that she has some power of guiding herself about in a place which she knows, but can only dimly see surrounding objects. The right eye can do no more than distinguish light from darkness. —*Annales d' Oculistique.*

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### GEROMORPHISM.

Under this title, which signifies "old form," a peculiar affection of the skin, occurring in a woman of 21, is described by A. Souques and J. B. Charcot. The patient, who has had none of the usual diseases of children, was regarded as unusually bright when attending school, between the ages of 5 to 11 years. She was of a joyous disposition and very pretty.

At the age of 11 she received a severe fright, and another four months later. A few weeks after the second fright she was attacked by violent headache, and on the following day pimples as large as a bean appeared upon the skin. They were at first red, then changed to violet, and finally became white. Each lesion lasted five or six days, disappeared without ulceration, and left no trace. Her appearance changed so rapidly that a few weeks after the outbreak of these lesions her acquaintances failed to recognize the child.

The patient is now 21 years of age, but looks like an old woman. She is intelligent and has a good memory, but is easily frightened. She is alarmed at the most trivial illness, and fears that it will cause death.

Sensibility is normal. No arcus senilis is present. The hair is light-colored and of average length. The special senses are normal. The bodily functions are well performed, and no organic disease exists except the changed condition of the skin.

### BROMIDE OF POTASSIUM IN CERTAIN SYPHILITIC MANIFESTATIONS.

Victor Augagneur says that in certain cases of syphilis, especially among women, there occurs, in the sixth or seventh month of the disease, dysphonia, which sometimes comes on suddenly or again develops gradually during the course of eight to ten days, and which may amount to almost complete aphonia. It is not always permanent, but may be intermittent, a fact from which we may conclude that the erythema of the laryngeal mucous membrane, generally the only alteration shown by the laryngoscope, is not the only cause of the affection of the voice. In the belief that it is much more dependent upon disturbed innervation, the author is accustomed to give bromide in combination with the iodide of potassium (pot. iod., 10 to 15; pot. brom., 20; syr. cort. aurant., 100; aq. dest., 200. Two tablespoonfuls daily). From this mixture he has derived very good results.

In serious tertiary disease of the larynx the iodide may give rise to alarming dyspnœa. Here it is advantageous to practice inunction for several days with mercurial ointment and depend upon the bromide to reduce reflex excitability. When the dyspnœa has been allayed, the iodide and bromide may be given in combination. Bromide of potassium is also useful in cerebral syphilis. Here we often find that, although a mercurial and iodide mixture will effect a very rapid improvement to a certain point, it is there arrested, notwithstanding a continuance of the treatment. The severe headache has indeed vanished, but there remains a dull feeling of pressure in the head. The paralysis has greatly improved, but a certain weakness of the limbs is left behind. The author ascribes the cause of these remaining symptoms to anomalies of the circulation and overexcitability of the nervous matter, which develop in the zone surrounding the syphilitic deposits or their residues. These effects he seeks to prevent by giving about 3 grammes daily of bromide in addition to the iodide of potassium.—*Deutsche Med. Zeitung*, January 7, 1892.

## THERAPEUTIC NOTES.

### BILIARY LITHIASIS.

Dr. Dujardin-Beaumetz employs:—

1—℞ Euonymin,
Saponis (medicinal), āā grms. ij (gr. xxx).
Sufficient for 20 pills. Take 1 pill morning and evening.

2—℞ Sodii salicylic., . . . grms. xv.
Aquæ, . . . . grms. ccl.
A dessertspoonful after each meal.—*La Semaine Médicale.*

### TOPICAL APPLICATIONS IN DIPHTHERIA.

I have found the following to be an efficient application in the treatment of diphtheria. It can be employed in all stages of the disease, without danger to the patient. It should be applied often and thoroughly, by means of a brush or cotton swab, until the diseased membrane entirely disappears. In connection with this remedy, I give as much brandy as the patient will bear, and such other remedies as may be indicated:—

℞ Acidi borici, . . . ʒj.
Acidi lactici, . . . fʒj.
Glycerini, . . . . fʒiss.
Aquæ dest., . . . fʒiiss.
Liq. ferri subsulph., . . fʒiss.—M.

This solution may be used in full strength or diluted with water, as each case may require.—GEORGE W. PECK, M.D., in *The Medical News.*

### EAU-DE-BOTOT.

A number of formulæ have appeared for preparations said to resemble this. The fol-

lowing is taken from Snively's "Manufacture of Perfumes":—

℞ Oil of peppermint, . . 30 mins.
Oil of spearmint, . . 15 "
Oil of cloves, . . . 5 "
Oil of red cedar-wood, . 60 "
Tincture of myrrh, . . 1 oz.
Alcohol, . . . . 1 pt.
Cochineal coloring, sufficient.

Care must be taken not to confound the oil of cedar-tops with the oil of the wood. The former has an odor like turpentine; the latter has the fragrance of the cedar-wood.—J. P. K., St. Joseph, La., in *Druggists' Circular.*

PIPERAZINE.

For lithiases, Dr. J. H. Brik administers piperazinum purum according to the following formula:—

℞ Piperazini puri, . . . gr. xv.
Syr. cort. aurant., . . ℥vj.
Aquæ destill., . . ad ℥vj.
Sig.: To be taken during the day.

METHOD OF ADMINISTERING BROMOFORM.

Insoluble in water, a mixture of alcohol, syrup and water fails to dissolve bromoform. P. W. Bedford says that it is soluble in glycerin, and suggests the following formula:—

℞ Bromoform, . . . ♏xvj.
Alcoholis, . . . . f℥ij.
Glycerini, . . . . f℥xij.
Tinct. cardam. co., . . f℥ij.—M.

If mixed in the above order it is a perfect solution, pleasant to the taste and the eye. Each fluidrachm contains 1 minim of the bromoform in perfect solution, and the dose for varying ages can be adjusted readily by increasing or decreasing the amount given, or the amount of bromoform can be increased or decreased.—*Pharmaceut. Record.*

[The editor of the MEDICAL BULLETIN has made use of the above combination, and found it to be an admirable method of administering this remedy.]

OXALIC ACID.

Dr. A. W. Marsh prefers this remedy to all others in amenorrhœa. He has also found it of value in acute cystitis. He orders it thus:—

℞ Acid. oxalic., . . . gr. xvj.
Syr. aurant. cort., . . ℥j.
Aq. destill., . q. s. ad ℥iv.
Sig.: Teaspoonful every four hours.

GUNPOWDER STAINS ON FACE.

These may be removed by painting with biniodide of ammonium and distilled water, equal parts; then with dilute hydrochloric acid, to reach the tissues more deeply affected.—*Revue de Thérapeutique.*

ECZEMA OF FINGER-TIPS.

℞ Hydrarg. chloridi mitis, . gr. x.
Beta-naphthol, . . . gr. x.
Camphoræ, . . . gr. x.
Ung. zinci oxidi benz., q. s. ad ℥j.
M. et ft. ung.
Sig.: Apply to affected parts night and morning.

Internally, salol (gr. v) was given three times daily.—DR. J. V. SHOEMAKER.

LOCAL ANÆSTHETIC.

Dr. Parsons highly recommends the following mixture:—

℞ Chloroform,
Tinct. aconite, . āā 12 parts.
Tinct. capsicum, . . 4 parts.
Tinct. pyrethrum,
Oil cloves,
Camphor, . . āā 2 parts.

Dissolve the camphor in the chloroform, then add oil of cloves, and then the tinctures.

PAPOID IN GASTRIC CATARRH IN CHILDREN.

℞ Papoid, . . . . gr. iss.
Sacch. lactis., . . . gr. j.
Soda bicarb., . . . gr. v.
M. ft. pulv. no. i.
Sig.: One before each meal.

Patients should drink as little as possible, as papoid acts more effectively in concentrated solution.—HERSCHELL, *British Med. Journal.*

PAINFUL DYSPEPSIA.

In painful dyspepsia, in gastralgia, and in vomiting following the ingestion of food, Huchard states that the following is useful:—

℞ Cocaine muriate, . . gr. xv.
Acid muriatic, . . gr. lxxv.
Simple elixir, . . ℥xvj.
Distilled water, . . ℥iij.
M. Sig.: A tablespoonful is to be taken after each meal.

The author of this combination has found very good results follow its administration. Care should be taken, however, as its use may induce the cocaine habit.—*Weekly Medical Review.*

TAPE WORM.

Dr. T. W. Shaw, of Pittsburgh, advises:—

℞ Kamala, . . . . 3j.
Ethereal extract male fern, . 3ij.
Syr. acaciæ, . . . . 3j.

M. Sig.: To be given in two doses, one-half on rising in the morning, and the other half two hours afterward. A dose of castor-oil to be given one-half hour after the last dose.

INDIGESTION.

Ten drops of the fluid extract of pichi, two or three times a day, is said to be very useful in chronic indigestion.

THIOL.

Dr. de Sā, of Rio de Janeiro, has had excellent results from the use of thiol in varicose ulcers. Moncorvo, of the same city, has employed it in cutaneous affections of children, either pure or incorporated with glycerin, vaselin, etc., with no ill results.—*D. Med. Zeit.*

BOROGLYCERIN-LANOLIN.

A combination of boric acid, lanolin, and glycerin is recommended by Professor Zülzer as an unguent for spreading upon catheters. The addition of glycerin makes the lanolin spread more readily and uniformly, while the boric acid renders the preparation antiseptic. He is likewise in the habit of rubbing some of the preparation upon the needle of the hypodermatic syringe before introduction. Zülzer considers the mixture a useful application in balanitis and intertrigo.—*D Med. Zeit.*

SODIUM BISULPHITE IN TONSILLITIS AND CORYZA.

Excellent results are reported from the use of sodium bisulphite in aborting tonsillitis and coryza. Tablespoonful doses of a saturated solution may be given every hour or two for twenty-four hours, or even longer if necessary. The disease is usually controlled in twenty-four hours under this treatment.—*Notes on New Remedies.*

SYPHILITIC OTITIS.

Laurence Turnbull recommends the following prescriptions in the constitutional treatment of syphilitic diseases of the ear:—

℞ Red iodide of mercury, . 15½ grs.
Iodide of potassium, . . 13 drms.
Distilled water, . . . 2 fl. ozs.

M. Sig.: Dissolve and filter, then add simple syrup until the whole measures 50 fluidounces. One teaspoonful three times a day.

℞ Bichloride of mercury, . ⅓ grain.
Arsenious acid, . . . ¼ "
Pyrophosphate of iron, . 6 grains.

M. Sig.: Make 24 pills. One pill three times a day.—*Annals of Ophthalmology and Otology.*

RESORCIN IN DIARRHŒA.

Menckle (Centralbl. für klin. Med.), who has, with gratifying success, employed resorcin in the treatment of diarrhœa in children and adults, highly recommends the following:—

℞ Pure resorcin, . . . 1 grm.
Distilled water, . . . 90 grms.
Simple syrup, . . . 60 "
Camph. tinct. of opium, . 1 grm.

M. Sig.: A dessertspoonful every two hours.

For children, both the resorcin and the paregoric should be reduced to 0.50 gramme, and then the potion can be given in teaspoonful doses every two hours.—*Le Bulletin Médical*, November 11, 1891; *Med. and Surg. Rep.*

SIMULO.

A tincture made from the fruit is said to alleviate dysmenorrhœa. The dose is from 5 to 10 drops thrice daily, beginning five days before the expected flow. During menstruation the same quantities may be administered every third hour.

HEART TONIC.

℞ Tinct. strophanthi, . . gtt. ij.
Tinct. physostigmatis, . gtt. iv.
Tinct. ignatiæ, . . . gtt. iv.
Tinct. hydrastis, . . . gtt. xx.
Acid. arseniosi, . . . gr. $\frac{1}{30}$.
Ext. cascaræ sagradæ, fl., q. s. ad 3j.

—WAUGH, in *Times and Register.*

CHYLURIA TREATED WITH GALLIC ACID AND THYMOL.

Surgeon-Major E. Lawrie found thymol efficacious in 2 cases, and an additional case is now reported in the Indian Medical Gazette, in which the writer made use of a combination of thymol and gallic acid.

The same writer states that he has found thymol to be a remarkably good anthelmintic, and has found it extremely useful in several cases of tape-worm.

METHYLENE BLUE IN MALARIA.

Five cases have been treated at the Johns Hopkins Hospital by Dr. W. S. Thayer. The results were decidedly such as to encourage further experiments.

URTICARIA.

℞ Acid. boric., . . . gr. xxx.
Chloral hydrat., . . gr. v.
Aquæ destillat., . . gr. clxxx.—M.

—*Deutsche Med. Wochenschr.*

ANTI-EMETIC POWDER.

℞ Bismuth. subnit., . . ʒij.
Creasote, . . . . gtt. x.
Cocaine, . . . . gr. iij.
M. ft. chart. no. x.
Sig.: One as needed for sick stomach.

Dr. Geo. F. Center, of Florida, says that the above combination is the best he knows for the persistent sick stomach of yellow fever.—*Journ. Am. Med. Asso.*

HERPES PROGENITALIS.

Concomitant herpes progenitalis is an occasional feature of syphilis; indeed, I regard syphilis as a frequent cause of herpes. The oleate of zinc is as near a specific for this condition as may be.

ALOPECIA.

1—℞ Hydrarg. bichlor., . . gr. xvj.
Tr. canthar., . . . ʒiv.
Tr. capsici, . . . . ʒij.
Glycerinæ, . . . . ʒij.
Ol. ricini, . . . . ʒj.
Sp. colognensis, . q. s. ad ʒviij.
M. ft. lotion.
Sig.: Rub in scalp night and morning.

2—℞ Hydrarg. biniodidi, . . gr. xx.
Ol. verbenæ, . . . ♏x.
Vaselinæ, . . . . ʒij.
M. Sig.: Rub well into the scalp at bed-time.
—Dr. G. Frank Lydston, in the *Medical Mirror.*

FLATULENT DYSPEPSIA WITH CONSTIPATION.

℞ Tinct. nucis vomicæ,
Tinct. belladonna,
Tinct. physostigmatis, āā fʒij.
Ext. cascaræ, . . . fʒvj.
Ext. erythroxylon, . q. s. fʒiij.
M. Sig.: A teaspoonful after each meal.—*Ex.*

ALBUMINURIA (C. PAUL).

℞ Lactate of strontium, . 50 grms.
Water, . . . . 300 "
M. Dose: Two teaspoonfuls daily.

GASTRALGIA (G. SEE).

℞ Crystallized bromide of strontium, . . . 20 grms.
Distilled water, . . . 300 "
M. Dose: Two to 6 teaspoonfuls daily.—*Le Progrès Médical.*

TO SHORTEN THE DESQUAMATIVE PERIOD IN SCARLET FEVER.

Jamieson states that this may be accomplished by a combination of resorcin and salicylic acid in a super-fatted soap. The use of this preparation is begun with establishment of desquamation. After using the soap a bland, fatty substance should be rubbed upon the skin.

BRONCHO-PNEUMONIA IN CHILDREN.

Simon advises:—

℞ Ammon. acetat., . . gr. vij.
Tinct. aconit. rad., . . gtt. xv.
Codein., . . . . gr. ij.
Syr. simpl., . . . ʒss.
Aquæ, . . q. s. ad ʒiij.
M. Dose: Teaspoonful, repeated every hour till five or six doses have been given. A mustard plaster, followed by a poultice to the chest, and the atmosphere of the room impregnated with steam.—*L'Union Médicale.*

TONSILLITIS.

℞ Tinct. of veratrum viride, ♏xxx.
Sulphate of morphia, . gr. iss.
Distilled water, . . ʒvj.
M. Dose: One teaspoonful, given twice, with one hour's interval at the outset of the treatment, and then at intervals of two or three hours, as may be required.

This is said to be rapidly beneficial.—*London Medical Recorder.*

INTRA-UTERINE INJECTION.

The following intra-uterine disinfectant injection is recommended by Grigoriantz:—

℞ Hydrarg. bichlorid., . gr. iss.
Acid. carbolic., . . ʒv.
Acid. boric., . . . ʒx.
Acid. salicylic., . . gr. lxxv.
Zinci chlorid., . . ʒiiss.
Aquæ destill., . . ʒlxiss.
M. Sig.: For external use.—*Weekly Med. Rev.*

NEURALGIA.

Dr. W. M. Hightower recommends the following:—

℞ Ammonii bromidi,
Sodii salicylatis, . . āā ʒj.
Tincturæ hyoscyami, . . ʒij.
Aquæ, . . . . ad ʒiv.
Sig.: One teaspoonful every half hour until relief is obtained, or four doses have been taken.—*Memphis Med. Monthly.*

TREATMENT OF ALOPECIA.

Monin recommends the following treatment of alopecia:—

℞ Gallic acid, . . . gr. xlv.
Olive-oil, . . . . ʒvj.
Vaselin, . . . . ʒiss.
Essence of lavender, . ♏xv.

This is to be made into an ointment, and applied with friction to the part affected, morning and night, for the arrest of the disease. —*L' Union Médicale; St. Louis Clinique.*

DIPHTHERIA AND CROUP.

Dr. Gibert, of Geneva (*Le Progrès Médical*, No. 48, 1891), employs the following potion in diphtheria and croup:—

℞ Pilocarpine, . . . gr. ½.
Ammon. carbonat., . . gr. xxx.
Potass. chlorat., . . gr. xlv.
Syrup polygalæ, . . fʒj.
Cognac, . . . . fʒv.
Aquæ, . . . . fʒv.

M. Sig.: A spoonful every hour until the patient begins to perspire.—*Lancet Clinic.*

PRURITUS ANI.

℞ Acid. tannic., . . . ʒij.
Glycerin. pur., . . ʒij.
Extr. veratr. virid., . . ʒj.

M. Sig.: Apply twice daily.—Dr. A. J. Hermann, of Logansport, Ind., in *The Prescription.*

CRACKED HANDS.

Wendel advises washing with a preparation composed of:—

℞ Sapon. virid., . . . 1 part.
Tr. benzoin, . . . 4 parts.
Glycerin, . . . . 8 "
Aq. ros., . . . . 16 " —M.

SCIATICA.

Dr. Eliot, of New Haven, Conn., says considerable benefit may often be derived from the administration of the more purely neurotic drugs,—aconite, belladonna, and gelsemium, as:—

℞ Ext. belladonna fl., . . ʒss.
Ext. aconiti fl., . . . ʒiss.
Ext. gelsem. fl., . . ad ʒvj.

M. Sig.: Give 6, 7, or 8 drops every four hours.

DIPHTHERIA.

Dr. J. G. Siebelt, in an inaugural thesis, describes the favorable results which, in 46 cases of diphtheria, attended the application of creolin in the form of a spray. For children he made use of, every hour, a tablespoonful of ¼- to ½- per-cent. lukewarm solution. He found it well borne in all cases, and the mortality seemed lower than that attending other methods. Tonic treatment was conjoined.—*D. Med. Zeitung.*

IRRITABLE HEART.

℞ Tinct. pulsatillæ, . . ♏xx.
Tinct. verat. virid., . . ♏xl.
Ext. chimaphilæ fl., . . ʒj.
Syr. limonis, . . . ʒij.

M. Sig.: Teaspoonful before meals.—*Indiana Med. Journ.*

LOCAL TREATMENT OF SYPHILIS: CHANCRE.

The following formulæ will be found to be excellent, the odor of the iodoform being completely disguised. I attribute this property to the menthol, which, as far as I am aware, has not been elsewhere recommended for this purpose. Oil of myrbane may be used in lieu of menthol, but is more irritating and less effective. Where there is considerable pain, cocaine and extract of belladonna may be added:—

1—℞ Mentholis, . . . . gr. v.
Iodoformi, . . . . ʒiv.
Cetacei alb., . . . ʒij.
Cerati, . . q. s. ad ʒj.

M. Sig.: Apply on lint.

2—℞ Ol. myrbani, . . . ♏iv.
Bals. Peru., . . . ʒij.
Iodoformi, . . . . ʒij.
Vaselinæ, . . q. s. ad ʒj.—M.

—Dr. G. Frank Lydston, in the *Medical Mirror.*

BENZOATE OF MERCURY IN SYPHILIS.

Cochery uses, with excellent results, hypodermatic injections of a mixture thus composed:—

℞ Hydrarg. benzoat., . . 0.30.
Sod. chlorid., . . . 0.10.
Aq. destill., . . . 40.

M. Sig.: A syringeful to be injected daily.

HYPERIDROSIS OF THE HANDS.

℞ Sodii borat.,
Acid. salicylic., . . āā 7.5.
Acid. borici, . . . 2.
Glycerin.,
Alcohol., . . . āā 30.

M. ft. liniment.

Sig.: Rub upon the hands thrice daily.—*J. d. Sciences méd. de Lille.*

HÆMATO-CHYLURIA.

Dr. Manuel Defin has derived good results from:—

℞ Potass. bichromat., . . 5 cgrms.
Aq. destill., . . . 250 grms.

M. Sig.: Teaspoonful on rising and at mealtimes.—*Med. and Surg. Rep.*

HERPES PROGENITALIS.

℞ Pulv. acid. tannic., . . 5.
Bismuth. subnitr., . . 1.
Amyli, . . . . 100.

M. Sig.: Use as a dusting-powder, after the parts have been cleansed with dilute carbolized water.

SOZOIODOL IN SYPHILIS.

Professor Schwimmer recommends the hypodermatic injection of mercury-sozoiodol once a week into the gluteal region. His formula is:—

℞ Hydrarg. sozoiodol., . . 0.8.
Pot. iod., . . . . 1.6.
Aq. dest., . . . . 10.—M.

Of this solution 0.08 are thrown into, alternately, the right and left buttock. Absorption is so rapid that often after the second injection ptyalism appears, and the remedy must be for awhile suspended.—*D. Med. Zeitung.*

PAPOID IN CHRONIC DYSENTERY.

℞ Acid. tannici, . . . ℥iij.
Iodoformi, . . . . ℥iss.
Tinct. opii, . . . . ℥v.
Glycerini, . . . . ℥ij.
Aquæ, . . . . ad f℥iv.

M. Sig.: Add 2 tablespoonfuls to as much starch-water, and inject three times daily.

Internally:—

℞ Papoid, . . . . . ℥j.
Sacch. lactis, . . . . ℥j.

M. ft. chart. no. xxx.

Sig.: One powder three times a day, in a little water, half an hour before meals.—MARVIN, in *The Prescription.*

THE TREATMENT OF SCROFULODERMA AND LUPUS.

Dr. Broode has somewhat modified the method of treating lupus by an ointment of oleate of mercury, salicylic acid, and ichthyol, which he published a year since. Finding in some cases the original formula too strong, he has reduced it, combined it with Lassar's paste, at the same time adding sufficient red Armenian bole and raw umber to match the color of the skin:—

℞ Zinci oxidi,
Amyli pulv., . . āā ℥¼.
Vaselini albi, . . . . ℥ss.
Hyd. oleatis (5 per cent.), . ℥j.
Acidi salicylici, . . . gr. xx.
Ichthyolis, . . . . ♏xx.
Ol. lavendulæ, . . . q. s.

M. fiat ung. coloratum.

This, when well rubbed in and then covered with potato-starch powder, completely disguises the disease, and attracts very little attention. He sometimes diminishes the salicylic acid and increases the ichthyol. The action is most rapid in cases of scrofulodermic tumors and ulcerations, but is also pronounced in those in which lupus has developed from the scrofulodermic basis. In pure lupus the effect is distinctly weaker, especially in those where there is much sclerosis or old scarring. —*British Journal of Dermatology; Amer. Pract. and News.*

HYSTERIA.

Professor Da Costa prescribed:—

℞ Zinci valerianat, . . gr. ij.
Ferri valerianat, . . gr. iss.
Ext. belladonnæ, . . gr. $\frac{1}{16}$.

M. Sig.: One pill three times a day.

The patient should also be given tonics, have a full meat diet, and take exercise in the open air.—*Coll. and Clin. Record.*

DRY LESIONS OF SYPHILIS.

Papules, tubercles, squamæ, and other dry lesions can be controlled and rapidly resolved by applications of the following formulæ. Care should be taken in the selection of the proper strength,—blistering may result, and, although beneficial sometimes, causes the patient to lose confidence; there is great variation in integumentary susceptibility. The collodion preparation is the most likely to blister:—

1—℞ Hydrarg. bichlor., . . gr. v–xx.
Collodionis, . . . ℥j.

M. Sig.: Apply with hair pencil.

2—℞ Hydrarg. bichlor., . . gr. v.
Tr. benzoin co., . . ℥j.

M. Sig.: Apply.

Tincture of tolu is also an excellent vehicle.

The results obtained by these preparations are often remarkable. They are of especial value in removing facial blemishes,—they hasten removal of pigmentation very markedly.—DR. G. FRANK LYDSTON, in the *Medical Mirror.*

SCABIES.

Lollis advises:—

℞ Creolin, . . . . 5 parts.
Vaselin, . . . . 100 parts.

M. Sig.: Use with friction, once every day, over the parts affected.—*National Druggist.*

THE
# Medical Bulletin.

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## *THE WATER-SUPPLY OF GREAT CITIES.*

NO subject is of more decided importance to the inhabitants of large cities than the abundance, and, above all, the purity of its water-supply. Contaminations, which may be neglected in a fluid applied to manufacturing purposes, become a prolific source of harm in water consumed as a habitual beverage and constantly employed in culinary processes. Dwellers in small towns may safely depend upon deep wells and springs, but for the use of large municipalities elaborate works must be constructed for the conveyance, storage, purification, and distribution of, for the most part, lake- or river- water.

A distant source of supply entails great expense, in the first instance, in the erection of suitable conduits, but is apt to be rewarded by the opportunity which it allows for subsidence of impurities, and a consequent healthfulness of the water. When the fluid is derived from a neighboring source, especial provisions in the form of storage- and settling-reservoirs, filter-beds, etc., are required in order to remove foreign material.

It is obvious that river-water must vary considerably in composition according to the different soils over which it flows in its course. It is, in comparison with spring-water, poor in mineral salts, but, on the other hand, is liable to contain a comparatively large proportion of suspended organic matter. This is especially the case after heavy rain-falls. Potable water should be clear, colorless, and sparkling, devoid of odor and taste, though palatable from the carbonic acid and atmospheric air which it holds in solution. It should contain but a small quantity of solid materials, and not more that 18 parts by weight in 100,000 parts by weight of lime and magnesia. It should contain but a small fractional part by weight of soluble salts, particularly the sulphates and nitrates. The solids held in solution and the temperature of the water must vary within very narrow limits during the year. The constituents which render water unwholesome are mineral salts and organic matter. To these may be added a third impurity taken up from cisterns and pipes, viz., lead.

An excess of saline ingredients is injurious to health by deranging the functions of the gastro-intestinal tract, giving rise to indigestion, constipation, or diarrhœa, and originating or aggravating a tendency to the deposit of renal or vesical calculi. The bicarbonate of calcium, held in solution by water drawn from a limestone region, renders the water "hard," an objection to its use in the manufactures and in cookery. The hardness may be removed by boiling, or by the addition of lime-water, either of which processes converts the soluble bicarbonate into the insoluble carbonate. The latter, being precipitated, may be eliminated by filtration.

The turbidity of river-water after heavy rain-storms depends upon the quantity of soil washed into it from its banks, and is frequently, to say the least, an unpleasant impurity. How often, for instance, is our own Schuylkill converted into a yellow, muddy mixture unfit for drink, except by Digger Indians or other earth-eaters, unsuitable for the bath or toilet, since it is able to soil but not to cleanse the skin. The citizens of Philadelphia are obliged to resort to filtration and boiling on a domestic scale, in order to obtain a liquid which will not offend the taste and stomach.

Mud, however, bad as it is, is not the most deleterious organic contamination to which our water is exposed. The drainage from many busy manufacturing towns, above us as well as from our own upper suburbs, empties into the stream a mass of material directly capable of exciting disease. It is fair to assume that numerous pathogenetic micro-organisms also find their way into the river. While it is true that by bacterial activity and oxygenation the water is gradually purified, this result cannot be obtained when new sources of deterioration are encountered every few miles in its

course. It has been estimated that streams which receive refuse sewage or refuse of manufactories within a limit of twelve miles are unfit sources of water-supply, even if chemical or biological examination fails to demonstrate the presence of impurities.

The disintegration of nitrogenous substances in flowing water results in the liberation of ammonia and other harmless products, the ammonia, in its turn, being converted into nitrous and nitric acids, which unite with bases to form nitrites and nitrates. These compounds, therefore, when present in city-water, point to organic material as their source of derivation, and indicate that such water is, in all probability, unfit for consumption. If chlorine be found, it is an evidence of sewage contamination.

A complete analysis of water is a task which should be intrusted only to a skilled chemist, but, from the physician's point of view, the application of a few simple tests is sufficient to reveal the existence of organic derivatives. If a small quantity of water be placed in a test-tube with an equal quantity of pure sulphuric acid, care being taken not to mix the fluids, and a few drops of a saturated solution of sulphate of iron be added, the stratum where the two fluids meet will show a purple and afterward a brown color if nitric acid be present. If the quantity be small the color will be reddish. A small quantity of potassic hydrate will reveal an excess of ammonia, which escapes, and may be recognized by its odor and the formation of white fumes of chloride of ammonium when a glass rod, wet with muriatic acid, is passed over the mouth of the test-tube. The presence and amount of chlorine may be ascertained by dissolving 9 grains of chemically pure nitrate of silver in 200 cubic centimetres of distilled water. One cubic centimetre of this solution will represent $\frac{1}{100}$ grain of chlorine. A small quantity of the suspected water is poured into a glass vessel and a little of the chlorine solution dropped upon it; a white precipitate is produced if the water contains chlorine. The process is repeated until no precipitate forms. The number of cubic centimetres employed will equal the hundredth of a grain of chlorine present. The water should be slightly acidulated with nitric acid before the test is applied; a larger quantity of chlorine than 1 grain to a gallon of water should lead to condemnation of the fluid, unless it can be clearly proven that the excess is not due to sewage. Heisch's sugar test for organic material is simple and reliable. To a small quantity of the water in a clean glass-stoppered bottle a few grains of pure sugar are added. The bottle is then exposed to the light in a window of a warm room. If, even after exposure for a week, the water becomes turbid, it is unsuitable for use as a beverage.*

According to the high authority of Prof. J. W. Mallet, in a report to the National Board of Health of the United States, we are not warranted in placing implicit reliance upon the result of chemical examination. Such processes are to be used in connection with other evidence of a more general sort, as to the source and history of the water, and should even be deemed of secondary importance in weighing the reasons for accepting or rejecting a water not manifestly unfit for drinking on other grounds. Professor Mallet regards the proposed "standards of purity," based upon the exact amounts of organic carbon or nitrogen, albuminoid ammonia, oxygen of permanganate consumed, etc., as arbitrary, and possibly misleading. He recommends that the water-supply of great cities should be periodically examined, in order that any suspicious changes may be promptly detected. He attaches great importance to a careful determination of the nitrites and nitrates, and concludes that all three of the principal processes for the detection of organic matter in water should be employed, since each gives a certain amount of information which the others do not afford.

Practical deductions from the foregoing remarks are, that muddy water should be filtered and boiled before being used for drinking or cooking purposes; that in cases of diarrhœa, dysentery, typhoid fever, diphtheria, and, perhaps, other infectious diseases of obscure origin, the simple tests which we have given for the detection of organic impurities should be applied. If more exact information is required, a sample of the water can be placed in the hands of an analytical chemist.

* Boston Journal of Chemistry.

## *INTEMPERANCE.*

WHAT tempts men to excess? Some are possessed of such a keen, eager, impetuous disposition that, unless they learn self-control, they are forever in extremes. They love and hate with intensity, their language is ardent and emphatic. If they are interested in politics, they become partisans of the bitterest type; if they are attached to the church, they are bigoted or fanatical. Another class of men is not so easily stirred in mind, but is especially fond of the pleasures of the table. Dinner is a sacred function, and the dinner-bell the sweetest sound on earth. Their appetite is so sharp, their palate so trained, and digestion so admirable, that they habitually consume, for the mere sake of physical enjoyment, much more food than is required by the system. One man's individual taste renders him particularly addicted to a certain article of food or drink, and we read of Dr. Johnson flooding himself with bowl after bowl of tea.

When, however, we speak of intemperance, we usually allude to the excessive use of alcoholic liquor. Some form of alcohol has been in use as a popular beverage from the earliest times, and among all, or nearly all, the races of mankind. Intemperance in drink is a characteristic especially of cold climates and certain nationalities. The Teuton, both in ancient and modern times, has distinguished himself above most competitors. The inhabitants of frigid climates, especially those who live an outdoor life, have been accustomed to consume enormous quantities of spirits. The Scotch Highlander drank whisky as other men drink water. The highest pleasure of the North American Indian when not upon the war-path is to imbibe fire-water to complete intoxication.

The universal drinking habits of our ancestors have survived almost to our own times. Public opinion, however, at least in this country, no longer countenances those drinking-bouts which a century ago, or even less, were looked upon almost as necessary accompaniments of life. Men could be classed as one-bottle, two-bottle, three-, four-, or five- bottle men, according to the number of bottles of wine they could empty, and the close of a feast saw half the guests under the table. Nor did such drunkenness bring with it any sense of shame or social condemnation. Gentlemen of every degree—scholars, lawyers, physicians, statesmen, soldiers—vied with each other as topers. Robert Walpole, for twenty-one years the vigorous prime minister of England, was in the habit of indulging in deep potations. Porson, the great Greek scholar, had such a rage for liquor, that "he used to return to the dining-room after the company had left it, pour into a tumbler the drops remaining in the wine-glasses, and drink off the collectanea." William Pitt consumed enormous quantities of port-wine, and Lord Brougham, in his student days at Edinburgh, drank enough liquor, as the phrase goes, "to float a ship." Such flagrant and open dissipation is, in our time, almost unknown among individuals of the corresponding class of society. Doubtless, drunkenness is still unfortunately common, but the evil habit is by no means so universal.

Men of sturdy physique have strong heads, men of weak constitution, with heavy tasks to perform, may derive but a stimulant effect from deep potations, yet one wonders, when reading such histories, how the bodily tissues could endure such abuse. Porson was, probably, a dipsomaniac, since, in the absence of wine, he allayed his craving with ink, raw alcohol, or alcoholic lotions. But barbarians, ancient or modern, mountaineers, and country gentlemen, must drink for other reasons than a morbid impulse.

The abuse of alcohol is a terrible curse to individuals, families, and nations. It is a prolific source of disease, misery, and crime. Constant drinking gives rise to chronic gastric catarrh, dilatation of stomach, indigestion, with reflex or toxic neuroses, cirrhosis of the liver, degeneration of the kidneys, disease of the heart and great vessels, lesions of the brain, cord, and peripheral nerves, and insanity. These are among the consequences of the habitual ingestion of alcohol. Why, then, will men continue to drink? The facts are well established, and who should wish to invite his doom? But drunkards have gradually involved themselves in the bondage of a habit. The habit, pursued for years—the cause of physical changes and impairment of will-power—is well-nigh impossible to abandon.

The first steps in this path are usually due to conviviality, a sense of pleasant exhilaration, the desire to do as others do. Seldom does the drinker experience any craving for liquor until he has by custom taught himself to depend upon an artificial craving. What is begun as a habit lays the foundation of disease. The disease perpetuates the habit. The social custom of "treating," of making a joke of drunkenness, of drinking against one's companions "with no heel-taps," and many other absurd practices, are accountable for much excess. Some unfortunate and disheartened men resort deliberately to drink for the purpose of driving away dull care. To the poor and miserable intoxication may be the only temporary relief from the pressure of life's heavy burdens.

It would require pages to investigate the causes of so wide-spread a habit as drinking, so common a termination as sottishness. The majority of men consume moderate portions of liquor upon occasion, many habitual drinkers never transgress a certain limit. Multitudes, again, drift into that degraded state when drunkenness, pure and simple, is an object. The children of this last class will probably inherit weakened nerve-centres, and will probably fall easy victims to the fatal habit by which their parents were enslaved. We cannot say, however, that they inherit an actual disease, or, at least, the disease of inebriety. They neither inherit inebriety or any of the lesions of alcoholism. Owing to the pathological conditions of the parents, the nutrition of important nerve-centres is congenitally poor. Alcohol is not always or the sole cause of this impaired nutrition. It may be transmitted by hysterical, epileptic, or insane parents, who were strictly temperate as regards the use of alcohol. But the children of drunkards are apt to be weak-willed. They are apt, moreover, to be bred in poverty and neglect; to acquire the drink-habit in tender years from the carelessness or actual connivance of dissipated parents. It is difficult to unravel all the causes that produce the unhappy result. A neurotic type predisposes to drunkenness in the same sense that a child born of a tuberculous family is predisposed to succumb to the attack of the bacillus tuberculosis. The tobacco-habit is difficult to break, but, although it may lead to disease, it does not, in itself, constitute a disease. Nor, spite of the "craving," can it fairly be considered an evidence of disease.

The causes, the manifestations, and the consequences of inebriety are worthy of scientific study from the physical, as well as from the moral point of view. Complicated subjects require to be studied from all sides, and, naturally, the physical aspect of the question is one that particularly appeals to physicians. We may feel, also, that this is a relation of the subject which has heretofore not been taken sufficiently into consideration. The connection between inebriety and insanity is an exceedingly deep problem, and but little light is shed upon it simply by terming the former a disease.

Disease or habit, how is it best combated? That is the question for practical men. Is it possible to create an actual and abiding distaste for liquor and its effects? We fear not. If a permanent distaste cannot be engendered, can we strengthen the will to resist temptation? How strengthen that which never existed?

Space forbids allusion to the treatment of inebriety. That topic we shall, therefore, reserve for a future occasion.

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HONORABLE DISTINCTION.—The following have been named Chevalier of the Legion of Honor: M. Langlois, Physician-in-Chief to the insane asylum at Maréville; Dr. Sevestre, Physician to the Hospital of Enfants Assistés; Dr. Richelot, Surgeon to the hospitals of Paris; Dr. de Cours, Physician-Inspector of the schools of Paris; Dr. Porak, Physician-Accoucheur to the Hospital Lariboisière; Dr. Brochin, Dean of the Physicians of the Bureaus of Public Health attached to the Fifth Arrondissement; M. Pottier, Member of the Committee of Inspection of the Insane Asylums of the Seine; M. Mulé, Principal Inspector of Enfants Assistés; M. Deschiens, of the Laboratory of the Hospital Cochin; Dr. Balestre, Counsellor-General of the Alpes-Maritimes; Dr. Sainton, Counsellor of the Arrondissement at Bar-sur-Seine; Dr. Brugère, Municipal Counsellor of Mzerche (Corrèze), hospital physician for forty-three years; Dr. Pujos, Chief Physician of the Hospital of Auch; Dr. Brun, Counsellor-General of the Indre; Dr. Mercier, Municipal Counsellor of Mer (Loir-et-Cher); Dr. Sigallas, Mayor of Plan de la Tour (Var); Dr. Joubin, of the Faculty of Rennes.

# MEDICAL NEWS AND MISCELLANY.

SIR SPENCER WELLS has been visiting India this winter.

DR. E. LIPP, Professor of Dermatology in the University of Gratz, lately died.

THERE are nine medical schools in Mexico, the course of study in each being six years.

THE Omaha Clinic has passed into the hands of Dr. A. S. von Mansfelde, of Ashland, as editor.

DR. PAUL MUNDE has been elected a Corresponding Fellow of the Obstetrical Society of Leipzic.

DR. A. D. ROCKWELL has resigned the Chair of Electro-Therapeutics at the New York Post-Graduate School.

DR. CANNIFF, of Toronto, has in the press a work entitled "History of the Medical Profession in Upper Canada."

HENRY S. WELLCOME, of Burroughs, Wellcome & Co., London, England, has lately paid a short visit to this country.

DR. ERNST W. BRUCKE, a celebrated physiologist and microscopist, died of pneumonia, at Venice, recently.

THE Queen of Madagascar recently opened a new hospital at Antananarivo. It is said to be a very handsome structure.

LEGION OF HONOR.—Professor Charcot has been appointed Commander; Drs. Tillaux, Dieulafoy, and Mesnet, Officers.

DR. CHEREFEDDIN, effendi, has been ordered by the Sultan of Turkey to write a history of medicine in the Ottoman Empire.

DR. PAUL NIKIFOROFF, the Superintendent of the Imperial Insane Asylum in St. Petersburg, died, recently, after a brief illness.

DR. P. MICHELSON, the well-known writer on dermatology, who was connected with the University of Koenigsburg, recently died.

ANTONIO SCARPA, the celebrated anatomist, is to have a memorial. The statue, it is suggested, should be erected in a triangular space.

DR. FANCOURT BARNES has been elected Foreign Corresponding Member of the Obstetrical and Gynæcological Society of Paris.

THE Emperor of Austria has conferred a patent of nobility on Professor Böhm, the Director of the General Hospital of Vienna.

DR. A. GRAEFE, the well-known teacher of ophthalmology, of Halle, has applied for relief from his duties on account of failing health.

BANQUET TO M. RICHOLET.—The pupils and friends of M. Richolet gave him a banquet January 30th, upon the occasion of his decoration.

MEDICAL PROFESSOR (to a patient whose death he has predicted, and who stands before him well and strong): "Sir, you are an insult to science."

THE King of Denmark has conferred the Grand Cross of the Dannebrog Order on Dr. Hirsch, Physician in Ordinary to the Emperor of Russia.

DR. GEORGE F. HULBERT has been elected to the Chair of Gynæcology and Electro-Gynæcology in the College of Physicians and Surgeons of St. Louis.

MÖNUMENTS TO CHEVREUL AND BOUSSINGAULT.—Statues of these two illustrious chemists are soon to be placed in the Conservatory of Arts and Trades.

BANQUET TO M. POIRIER.—His friends and students gave a banquet to Dr. Poirier, January 27th, in commemoration of his nomination to the Legion of Honor.

DR. A. KANTHACK, a member of the Leprosy Commission, was entertained at Liverpool, at a banquet by a number of medical men, upon his return from India.

DR. A. W. BURROWS, of Salt Lake City, Utah, publishes an account, in the Western Medical Reporter, of a case of Meibomian calculi. Eighteen in all were removed.

MR. LAWSON TAIT has been invited to act as Chairman of the Belgian Congress of Gynæcology and Obstetrics, to be held in Brussels in the autumn, and has accepted.

DR. WM. L. RUSSELL has recently been appointed to the position of Attending Physician in the Department for Diseases of the Heart and Lungs, at Demilt Dispensary, New York.

DR. M. STAMM, of Fremont, Ohio, has been elected to the Chair of Operative Surgery and the Diseases of the Genito-urinary Organs in the medical department of Wooster University.

THE Croonian Lecture of the Royal Society was delivered this year on March 24th, by Professor Angelo Mosso, of Turin, who chose for his subject "The Temperature of the Brain."

MARINE HOSPITAL SERVICE.—Dr. Walter Wyman's annual report shows that 52,992 sailors were treated in the various hospitals and dispensaries of the service during the fiscal year of 1891.

NEW JOURNAL.—A periodical, entitled La Revue Internationale de Physiologie, Otologie, Laryngologie, et Ophthalmologie, has been founded by Dr. Natier. It appears on the 20th of each month.

By the will of the late Dr. H. E. Price, of Brighton (an old student of the hospital and college), the sum of £5000, free of legacy duty, is bequeathed to the London Hospital and Medical College to found scholarships. Dr. Langdon Down, an uncle of the testator, is one of the trustees.

The successor to Prof. Carl Braun has been elected in the person of Dr. Fredrich Schanta, of the University of Prague, author of the "Manual of Operative Midwifery" and numerous lesser works. He will occupy the Chair of Midwifery, and conduct the first obstetrical and gynæcological clinic.

The Annals of Ophthalmology and Otology is the title of a quarterly devoted to this special topic. It further is intended to include rhinology and laryngology. It is edited by Dr. James P. Parker, and published in Kansas City, as the avowed organ of a hospital and school for the management of cases of these diseases.

Twenty Years' Service.—Dr. A. K. Minich, of Philadelphia, was given a complimentary dinner, Tuesday evening, March 15th, by many members of the profession, on the occasion of his completion of twenty years' gratuitous service as a member of the medical staff of the Episcopal Hospital, and in congratulation of his recovery from a recent severe spell of illness. About one hundred and fifty gentlemen sat down to the banquet, which was given in Bank Hall, southeast corner of Broad Street and Columbia Avenue.

There were three long tables, with a semicircular table at the head, at which sat T. Chalmers Fulton, M.D., Chairman of the Committee of Arrangements, with W. N. Ferguson, M.D., Treasurer; Lemuel J. Deal, M.D., Secretary, and Drs. J. Vanbuskirk, Wilson Buckley, Joseph Hoffman, Ernest F. Apeldorn, and the guest of the evening. The tables were handsomely arranged, and the *ménu*, by Whiley, was excellent. The *ménu* card, designed as a souvenir, bore a handsome lithograph portrait of the guest of the evening.

After the *ménu* had been discussed, Dr. Fulton, the Chairman, stated the object of the assemblage, and gave, in a humorous way, an epitome of Dr. Minich's career. From it, it was learned that Dr. Minich was born in Lancaster, October 20, 1846. He graduated from Jefferson Medical College in 1870, and was appointed Professor of Botany at the Wagner Free Institute a few months later. In August, 1870, he paid a visit to Germany, and while there was appointed an Assistant Surgeon of the Prussian army during the Franco-Prussian war. Upon his return, a year later, he was appointed Professor of Botany at the George Institute, West Philadelphia. In the same year he was elected Chief of the Medical Dispensary of the Episcopal Hospital, which position he has held ever since. In 1874 he was made Lecturer on Medical Botany at Jefferson College.

In 1881 he was elected a member of Common Council from the Nineteenth Ward, declining a renomination. He has also been for a long time a member of the County Medical Society, State Medical Society, and of the American Medical Association, and is an ex-President of the Medico-Legal Society, besides being a member of the Anti Cobden and Metropolitan Club.

Dr. Minich responded to "The Guest of the Evening" in a speech replete with humor, and at times pathetic when alluding to the late Dr. Knight and others who have departed this life, both managers and physicians. In his long career he had made the acquaintance of many younger physicians, all of whom he believed he could count upon as firm friends. He concluded by expressing his thanks for the honor done him, and wished all present a happy and prosperous career.

At the instance of Dr. Fulton, the memory of Dr. Knight was drunk in silence and standing. Afterward addresses in response to calls were made by Drs. Buckby, H. C. Wood, Deal, Chestnut, Hoffman, Shoemaker, H. C. Kelly, Charles K. Mills, and Webster Fox. During the evening an excellent orchestra enlivened the proceedings by music.—*Public Ledger.*

American Laryngological Society.—The officers of this Society for the next year are as follows: President, Dr. S. W. Langmaid, of Boston; First Vice-President, Dr. Morris J. Asch, New York; Second Vice-President, Dr. S. Johnston, Baltimore; Secretary and Treasurer, Dr. C. H. Knight, New York; Librarian, Dr. T. R. French, Brooklyn. Council: Dr. W. C. Glascow, St Louis, Mo.; Dr. F. I. Knight, Boston, Mass.; Dr. D. Bryson Delavan, New York, N. Y.; Dr. Harrison Allen, Philadelphia, Pa. The next session will be held at Boston, in June, 1892.

Dr. Peter Daniel Anthonisz, an unofficial member of the Legislative Council of the Island of Ceylon, has been nominated a Companion of the Order of St. Michael and St. George. Dr. Anthonisz, who is an M.D. of St. Andrew's and a Member of the Royal College of Physicians of London, was the first President of the Ceylon Branch of the British Medical Association, and held the responsible post of Colonial Surgeon at the time of his retirement from the colonial service in 1881. On this occasion the general public testified their esteem for his character by adding a ward to the General Hospital,

Colombo, and the inhabitants of his birthplace —Point de Galle—erected a clock-tower in his honor.—*Br. Med. Jour.*

A CASE SHOWING DIFFERING AXILLARY TEMPERATURES.—A case of curious anomaly is reported in the January number of the Montreal Medical Journal, by Dr. W. H. Hattie, Assistant Physician to the Nova Scotia Hospital for the Insane, Halifax. A man aged 21 years, insane during the last year, in consequence of a fracture of the skull, was attacked, a few days after admission, by a fever, the temperature differing on the two sides of the body, almost invariably being higher on the right side (that opposite the injury) than on the left. The variation was not constant, however, the temperature being on several occasions equal upon both sides, and sometimes actually lower on the right than on the left side.

A FINE building is being erected at Gallipolis, to be used as the Ohio State Asylum for Epileptics, the first institution of its kind in the country. About 1000 patients are expected to enter the new asylum.

AMERICAN MEDICAL ASSOCIATION — The forty-third annual session will be held in Detroit, Mich., on Tuesday, Wednesday, Thursday, and Friday, June 7, 8, 9, and 10, commencing on Tuesday, at 11 A.M.

DEATH OF AN OLD AND VALUED PRACTITIONER.—The Lowell (Mass.) Daily Courier for Tuesday, February 2d, speaks as follows of the death of Dr. Charles August Savory:—

"One of the oldest and most skillful and devoted of Lowell's physicians passed away at 5 30 o'clock this morning.

"Charles August Savory, son of Charles and Nancy (Vickery) Savory, was born in Beverly, on the 25th of December, 1813. He studied medicine at Dartmouth College, receiving the degree of M.D. in 1835. In 1842 his alma mater conferred upon him the honorary degree of A.M. He began practice in Hopkinton, N. H., and lived there until 1844. Dr. Savory came to Lowell in 1848, and has been in active practice here ever since. While in New Hampshire he was honored by being one of the members elected to examine candidates for the degree of Medical Doctor at Dartmouth, and in 1848 he was chosen as a delegate to the American Medical Association. He always took a keen interest in the Middlesex North District Medical Society, and had held nearly every office in its gift, being President in 1860, '61, and '62. He was a member of the original staff of St. John's Hospital, and for many years was Chairman of the Board.

"Dr. Savory was a fine representative of the old-school family physician, a man whose very presence in the sick-room was a help and stimulant to the patient. Of a kindly nature, self-reliant and careful, he was peculiarly fitted by nature for the great profession he adopted and in which he attained such marked success"

Dr. Savory was an active member of the American Medical Association, and was a valued friend to many young practitioners whom he met at the annual gatherings.

HONOR CONFERRED.—Upon the recommendation of the Academy of Medicine, the President of the French Republic has conferred the grade of Chevalier of the Legion of Honor upon Dr. Gerlier, of Ferney-Voltaire (Ain).

PARIS SCHOOL OF ANTHROPOLOGY.—M. Mahoudeau, Adjunct-Professor, has been named Professor of Zoölogical Anthropology; M. de Mortillet, Adjunct-Professor, has been appointed Professor of Comparative Ethnography.

THE department of Otology will hereafter be represented in the section of the Brooklyn Medical Journal devoted to Progress in Medicine, and will be under the management of Dr. J. E. Sheppard, who is well known to the profession as a specialist in this branch of medicine, being at the present time Instructor in Otology at the New York Post-Graduate School and Assistant Surgeon to the New York Eye and Ear Infirmary and the Brooklyn Eye and Ear Hospital.

HONORS TO MEDICAL MEN IN AUSTRIA.—The Emperor of Austria has conferred the Cross of Knighthood of the Order of Leopold on Professors Theodor Meynert, Eduard Albert, and Hermann Nothnagel, and the title of Aulic Councillor on Professors Karl Todt and Richard Freiherr von Krafft-Ebing, all of the University of Vienna.

THE Emperor of Austria has given a sum of 2000 florins from his privy purse toward the building of a hospital in connection with the General "Poliklinik" of Vienna.

PAN-AMERICAN MEDICAL CONGRESS.—The Brooklyn Medical Journal has been designated by Dr. Charles A. L. Reed, Secretary-General, as one of the official organs of the Congress which will meet in Washington, September 5–8, 1893.

THE Conemaugh Valley Memorial Hospital, at Johnstown, Pa., was erected by the State Flood Commission at a cost of $65,000.

A CHANGE is announced in the editorial staff of our valued exchange, the Southern Medical Record. Drs. William Perrin Nicolson and F. O. Stockton have retired, their places being taken by Drs. J. McFadden Gaston and Willis F. Westmoreland.

A MEDICAL director of a large London life-insurance company says the influenza has cost the company two and a half times as much as the cholera epidemic in 1842.

DR. A. J. BERNAYS, Professor of Chemistry at St. Thomas's Hospital, died, on January 5th, of bronchitis, after five days' illness, in his 69th year.

IT has been decided to sell the old properties of the Jefferson College,—including the college building on Tenth Street, assessed at $75,000; the hospital building, assessed at $100,000; and the four Walnut Street properties, valued at $100,000,—the proceeds to be applied to the new structure to be erected on the recently-purchased lots on South Broad Street.

GEORGIA MEDICAL ASSOCIATION.—The forty-third annual session of the Association will meet in Columbus, Ga., on April 20th, 21st, and 22d.

The officers are: G. W. Mulligan, M.D., of Washington, Ga., President; James M. Hull, M.D., of Augusta, and Mark H. O'Daniel, M.D., of Macon, Vice-Presidents; E. C. Goodrich, M.D., of Augusta, Treasurer; Dan. H. Howell, M.D., of Atlanta, Ga., Secretary.

WILLIAM A. HAMMOND, M.D., of Washington, says: "There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not as yet, I think, received sufficient attention. It is well known that many cases of diseases of the nervous system are complicated with lithæmia, and that unless this condition is removed a cure is very often retarded, and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestions producing insomnia, nervous prostration resulting from overmental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity), an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithæmic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents for uric acid, but without notable effect.

"Several years ago, however, I began to treat such cases with Buffalo Lithia Water, with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon, or even more, in the twenty-four hours. By this course the urine, after a few days, ceases to deposit uric-acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

"I have tried carbonate of lithia dissolved in water in various proportions, but it certainly does not, in cases to which I refer, have the same effect as Buffalo Lithia Water."

SOUTHERN PINES, Moore County, N. C., is located on the highest sand ridge in the South. It has the driest climate and the greatest amount of ozone is guaranteed by the forests of long-leaf pine which covers a territory of fifty miles in each direction.

Last year a delegation of Northern physicians were invited to examine and report on the place as to its adaptability for those suffering with throat and lung troubles. The delegation reported through Dr. W. C. Wile, of Danbury, Conn., editor of the New England Medical Journal. At the end of the report the doctor says: "In conclusion, I am satisfied that Southern Pines possesses more of the qualifications of a genuine health-resort, especially for those who are afflicted with pulmonary diseases and all of those of the air-passages, than any other place with which I am acquainted or have read about." With such information, we advise our readers who desire to send consumptive patients South to make further investigation, for we have every reason to believe that Southern Pines must be a very desirable winter resort. Hon. J. T. Patrick, Secretary of the Southern Bureau of Information, can give reliable information. His office is at Raleigh, N. C., which is near Southern Pines. It is Mr. Patrick's special business to furnish information of the South to those seeking it. What he says can be relied on.

LECTURE ON TYPHUS FEVER AND LEPROSY.—Dr. William M. Welch, Municipal Physician of Philadelphia, lectured this month at the city hospital, to the students of the Medico-Chirurgical College, upon the typhus fever and leprosy cases in that institution. Dr. Welch, who is one of our best practitioners, being especially well versed in the many contagious diseases which he has treated for many years in the Municipal Hospital, interested very much the class during their visit to these cases.

PRESENTATIONS.—Mr. S. C. Berger, the business manager of the MEDICAL BULLETIN, and his assistant, Mr. H. Phillips, were the recipients, on Friday, March 15th, of presents from the Board of Managers of the Medico-Chirurgical Hospital of Philadelphia, for valued aid received in behalf of that institution during the grand charity concert held in the Academy of Music. To Mr. Berger the ladies presented a solid silver berry-bowl, very handsomely chased, with a large accompanying spoon and fork. Mr. Phillips received a nicely mounted diamond stud.

DEATH OF DR. D. HAYES AGNEW.—We regret to announce the death, at the age of 74, in this city, of the distinguished surgeon, Prof. D. Hayes Agnew. Dr. Agnew was of Scotch-Irish lineage; born November 24, 1818, in Lancaster County, of which his father, Dr. Robert Agnew, was the leading physician for nearly half a century. He began his studies at Jefferson College, Canonsburg, Pa., subsequently completing his general education at a college in Newark, Del. Choosing medicine for a profession, he entered upon his course at the University of Pennsylvania, whence he graduated April 6, 1838. Returning to his native place, he entered upon the practice of medicine, without, however, relaxing his studies. Here he was married to Margaret Creighton, second daughter of Samuel Irwin, of Pleasant Garden Forges. After some years' practice of medicine in Lancaster County, he embarked in the iron business, but, after a brief period, he returned to medical work, and eventually removed to Philadelphia. Shortly after locating in this city he began the delivery of a course of lectures at the famous Philadelphia School of Anatomy. In connection with this time-honored institution he also established the Philadelphia School of Operative Surgery. In 1854 Dr. Agnew was chosen one of the surgeons of the Philadelphia Hospital. In 1864 he was chosen one of the surgeons of the Wills Eye Hospital. One year later he was appointed on the surgical staff of the Pennsylvania Hospital. In 1867 he was chosen as one of the surgeons in the Orthopædic Hospital. In 1870 Dr. Agnew was given the Chair of Clinical Surgery in the University of Pennsylvania, and in the year following became also the Professor of the Principles and Practice of Surgery. In connection with this he acted as Professor of Clinical Surgery in the University Hospital. He resigned his position at the University in 1889, and had since been Emeritus Professor of Surgery and Honorary Professor of Clinical Surgery, the position being created especially for him. Probably the most famous case with which Dr. Agnew was connected was that of President Garfield, who was shot by Charles J. Guiteau, July 2, 1881. The Doctor was called to Washington by the attending physicians on July 5th, and from that time until the death of the victim of the assassin's bullet, on September 19th, he was assiduous in his devotion to the illustrious patient. Dr. Agnew had been President of the American Surgical Association, of the Philadelphia County Medical Society, the State Medical Society, the College of Physicians, and of the Academy of Surgery, and was one of the founders of the Pathological Society of Philadelphia. He was also early identified with the American Colonization Society, of which Henry Clay was President. His popularity among his colleagues and the esteem in which he was held by the medical profession generally was conspicuously shown on the fiftieth anniversary of his graduation in medicine, April 6, 1888. On this occasion more than 200 prominent physicians gave him a dinner at the Academy of Music. He was the author of a "Practical Anatomy," a work on "Ulcerations of the Perineum and Vesico-Fistula," and of sixty papers on "Anatomy and its Relation to Medicine and Surgery." In addition he has contributed extensively to medical journals. The work of his life, however, was spent on the exhaustive publication, "The Principles and Practices of Surgery," in three volumes, of more than 1000 pages each. As we go to press we learn that an autopsy upon the late distinguished surgeon by Prof. J. William White, Prof. William Pepper, Dr. Harrison Allen, and Dr. Deland showed that death resulted from uræmia, superinduced by renal calculi.

At a meeting, Wednesday evening, March 23d, of the Philadelphia County Medical Society, at which Dr. John B. Roberts presided, Drs. de Forest Willard, Edward Jackson, and John S. Stewart, a committee appointed for the purpose, presented the following minute relative to the death of Dr. D. Hayes Agnew, which was adopted: A noble, earnest, Christian physician has gone to his justly earned reward. After a long and useful service in the interest of his fellow-men, Dr. D. Hayes Agnew has now received the crown that is greater than all his earthly honors. Strong of body, earnest of soul, honest of purpose, skillful of hand, keen of eye, and quick of perception, he combined all the elements which served to make him so grand and successful. As a teacher he was unequalled for clearness and conciseness. His eloquence was born of an intimate knowledge of and an ardent love for his subject. His anatomical knowledge was gained by long years of patient study; its practical application in his work made him one of the safest and most skillful of surgeons. As a consultant he had no equal, either as regards his insight into the disease or as to his thoughtful kindness to the physician. Bold, if necessity arose, but never rash; conservative, but every ready to grasp new ideas; wise and prudent in his judgment, he was an ideal physician and surgeon. No one was ever denied his sympathy or his advice, and as a friend he endeared himself to every member of this society. His memory, his teachings, and his writings will long survive him.

*Resolved*, That these resolutions be placed upon the minutes of the Society, and that a copy be transmitted to the family of the deceased.

*Resolved*, That a committee of ten members be appointed to represent this Society at his funeral.

DR. DUBOIS, Professor of Materia Medica at Ghent, is dead from the effects of influenza.

A NEW (fourth) edition of the Russian Pharmacopœia has recently been published.

PROF. F. SEITZ, of Munich, has had the Bavarian Order of the Crown conferred on him on the occasion of his completing his 80th year.

DR. J. NEVINS HYDE mentions a case in which, from excitement, the hair changed from light brown to a marked red color, and rapidly. —*Annals of Surgery.*

A NEW Russian beverage is called "Anodine." It is said to consist of sulphuric ether and a small quantity of alcohol, and is said to be highly narcotic.

DR. P. S. DONNELLAN has been appointed Visiting Physician to St. Mary's Hospital in place of Dr. O'Hara, who has resigned.

DR. GALIPPE reports in Le Progrès Dentaire a case of acute rheumatism confined to the temporo-maxillary joint. The symptoms were swelling and redness of the cheek with pain on pressure, and with pain on talking and eating. Rapid recovery took place under salicylate of sodium and quinine.

## BOOK REVIEWS.

*Transactions of the Medical and Chirurgical Faculty of the State of Maryland.* Semi-Annual Session, held at Cambridge, Md., November, 1890. Ninety-third Annual Session, held at Baltimore, Md., April, 1891. Baltimore: Griffin, Curley & Co., printers, 202 East Baltimore Street, 1891.

The good-sized volume just received shows the work accomplished by the members of this Society. Valuable addresses and papers have been reproduced and placed in a suitable volume, which will be very convenient for reference.

*A Text-Book of Nursing; For the use of Training Schools, Families, and Private Students.* Compiled by CLARA S. WEEKS-SHAW. Second edition, revised and enlarged, with illustrations. New York: D. Appleton & Co., 1892.

This small, well-written, and very practical volume is a complete review of all that is useful pertaining to nursing. Beginning with the introduction upon nursing and nurses in chapter i, until the termination of disease in chapter xxiv, very practical suggestions are given the reader. The authoress has shown her thorough knowledge, in a practical way, of nursing by producing a very good book. In chapter xxv will be found a very excellent account of food and its administration. The book will be of service for every one to read or consult for good points on nursing.

*Conscience.* By HECTOR MALOT. Translated from the French by LITA ANGELICA RICE. With photo-gravure illustrations. Price, half-rox, $1.25; paper, 75 cents. New York: Worthington Co., 747 Broadway. 1892.

This fine study by one of the leading French novelists, whose books are well-known for the high moral tone that prevails in them, is considered by the author one of his best works. It is a careful and consistent delineation of character, the hero being a young Auvergnat, who goes up to Paris and becomes a doctor. His devotion to his profession, his love for a beautiful girl, his trials and temptations, and his faith in his own strength are depicted with the author's customary skill and vigor. The love scenes are beautiful, strong, and tender, and the whole plot is carefully worked out.

*The Merry Bachelor.* By ALAIN RENE LE SAGE. With photo-gravure illustrations by R. DE LOS RIOS, etc. New York: Worthington Co., 747 Broadway, 1892.

The publishers have given the public another very readable work, which is well illustrated, and abounds in very interesting views.

*Annual Report of the Supervising Surgeon-General of the Marine-Hospital Service of the United States for the Fiscal Year 1891.* Washington: Government Printing Office, 1891.

The reports from the various hospitals, together with the collected account of many cases given in this annual statement, make it a very valuable record for physicians and surgeons. Dr. Wyman, supervising surgeon, has also arranged and put in form in this report very important statistics of the marine service, and appended many useful tables.

*Sixth Annual Report of the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania.* Harrisburg: Edwin K. Meyers, State Printer, 1891.

Dr. Benjamin Lee, the Secretary, has again given the public and the profession a very valuable volume, containing a review of the work of the State Board of Health for the year ending November, 1890. In addition to some very practical papers, tables, and addresses, the report also contains much useful information upon vital statistics.

*A Practical Manual of Diseases of the Skin.* By GEORGE H. ROHE, M.D., Professor of Materia Medica, Therapeutics, and Hygiene, and formerly Professor of Dermatology in the College of Physicians and Surgeons, Baltimore, etc., etc. Assisted by J. WILLIAMS LORD, A.B., M.D., Lecturer on Dermatology and Bandaging in the College of Physicians

and Surgeons; Assistant Physician to the Skin Department in the Dispensary of Johns Hopkins Hospital. No. 13 in the Physicians' and Students' Ready-Reference Series. In one neat 12mo volume, 303 pages. Extra cloth, price, $1.25, net. Philadelphia: The F. A. Davis Co., publishers, 1231 Filbert Street.

This manual embraces an account of the anatomy, physiology, with a review of the various diseases of the integument. The authors follow the following classifications: diseases of the sebaceous glands, inflammations of the skin, hæmorrhages, hypertrophies, atrophies, new formations, neuroses, parasitic skin diseases, and, lastly, the cutaneous manifestations of syphilis. At the end of the work about sixty-eight formulæ have been selected and recommended for various diseases of the skin.

*Practical Midwifery.* A hand-book of treatment. By EDWARD REYNOLDS, M.D., Fellow of the American Gynæcological Society, of the Obstetric Society of Boston, etc., etc. With 121 illustrations. New York: William Wood & Co., 1892.

Compact and concise works, embracing all that may be useful to the student and physician, are rare. The many published books—especially upon medical subjects—are often too heavy, being filled frequently with an account of too many cases, or a synopsis of news out of date. A careful examination of this volume will please the reader in two ways: first, as to its being compact; and, secondly, the concise manner in which the author treats his subject. The table of contents shows the work to be divided into a discussion of pregnancy, labor, obstetric surgery, abnormal labor, pathology of labor, and the puerperium. The several chapters under the different subjects just alluded to are all well written, and contain many useful points and hints to the physician. Probably the most practical and useful discussions to the general practitioner will be found under Obstetric Surgery. All that is new and progressive is stated very well in this portion of the work by the author. Since abdominal operations are every now and then required in general practice, the physician will find in chapter xiv all the indications, the technique of each, and an interesting and very practical account of sterilization during the section.

*Regional Anatomy in its Relations to Medicine and Surgery.* By GEORGE MCCLELLAND, M.D., Lecturer on Descriptive and Regional Anatomy at the Pennsylvania School of Anatomy, etc., etc. Illustrated from photographs taken by the author of his own dissections, expressly designed and prepared for this work, and colored by him after nature. In two volumes. Philadelphia: J. B. Lippincott Company, 1892.

A few months ago we called attention to this promised work by Dr. McClelland, who has been one of the very successful teachers for some years upon anatomy in Philadelphia. The first volume now before us has surpassed our best expectations. The paper, text, binding, and plates are the very best that have appeared of recent years upon anatomy. The publishers can, therefore, point with just pride at this time to one of the finest anatomical works in the market. The volume is to be commended not only for the graphic appearance of the different structures of the body, but also for the good text which accompanies it. The experience of a teacher who has had the dry subject of anatomy to teach, has, in the first place, come into use, by the very practical and interesting manner in which the author presents his subject. The body is divided into regions, and in a very graphic way each one, as, for example, the region of the head, is dissected with fine plates before the reader. All the upper portions of the body, including the regions of the head, ear, eye, nose, nasal cavities, face, parotid gland, deep structures of the face, mouth, larynx, neck, thorax, the diaphragm, shoulder, axilla, arm, elbow, forearm, wrist, and hand, are carefully and thoroughly considered in the many pages of this volume. Fifty-two plates, with several figures upon man, vividly point out to the reader the tissues and organs of the upper part of the body. The author shows by this very excellent work that he is an industrious student, and that the dissections for the plates are probably the most life-like of any modern treatise upon anatomy. The reader will further learn, by an examination of the text, that Dr. McClelland has given all the recent research that is known upon anatomy to the present day. While the work is minute, yet this author and teacher has so divided and placed each region, blended with the beautiful plates, as to make the entire volume most interesting.

*The Principles and Practice of Medicine.* Designed for the use of practitioners and students of medicine. By WILLIAM OSLER, M.D., Fellow of the Royal College of Physicians, London; Professor of Medicine in the Johns Hopkins University, and Physician-in-Chief to the Johns Hopkins Hospital, Baltimore; formerly Professor of the Institutes of Medicine, McGill University, Montreal; and Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia. Sold only by subscription. Prices: cloth, $5 50; sheep, $6,50; half-morocco, $7.00. New York: D. Appleton & Co., publishers, 1, 3, and 5 Bond Street.

The publishers, in presenting this most practical

and progressive text-book to the profession, can depend upon a hearty reception of the work. It has been written by one who has enjoyed great advantages as a pathologist, therapeutist, and clinician, and who likewise possesses the power of expressing himself clearly and well. The author has been a successful teacher and clinician in the leading hospitals both abroad and at home. The classification that Dr. Osler has adopted can be most readily understood by our readers by the appended synopsis of this modern work:—

The first section of the work has for its title "Specific Infectious Diseases," and includes typhoid fever, typhus fever, relapsing fever, smallpox, vaccinia, varicella, scarlet fever, measles, rubella, epidemic parotitis, whooping-cough, influenza, dengue, cerebro-spinal meningitis, diphtheria, erysipelas, septicæmia and pyæmia, Asiatic cholera, yellow fever, dysentery, malarial fever, anthrax, rabies, tetanus, syphilis, tuberculosis, leprosy, glanders, actinomycosis; while under the head of "Infectious Diseases of Doubtful Nature" are classed ephemeral fever, Weil's disease, milk-sickness, Malta fever, mountain fever, and miliary fever. (269 pages.)

"Constitutional Diseases" is the title of the second section, and they embrace rheumatic fever, chronic rheumatism, pseudo-rheumatic affections, muscular rheumatism, arthritis deformans, gout, diabetes mellitus, diabetes insipidus, rickets, scurvy, purpura, and hæmophilia. (53 pages.)

The third section of the work, entitled "Diseases of the Digestive System," embraces stomatitis, diseases of the salivary glands, diseases of the pharynx, diseases of the tonsils (acute and chronic), diseases of the œsophagus (including acute œsophagitis, spasm of the œsophagus, stricture, cancer, rupture, and dilatations), diseases of the stomach (with methods of clinical examination), acute gastritis, chronic gastritis, neuroses of the stomach, dilatation of the stomach, peptic ulcer (gastric and duodenal), cancer of the stomach, and hæmorrhage from the stomach. Then follow "Diseases of the Intestines," including catarrhal enteritis, diarrhœa, enteritis in children, diphtheritic or croupous enteritis, phlegmonous enteritis, mucous colitis, ulcerative enteritis, miscellaneous affections of the bowels, appendicitis, intestinal obstruction, and constipation. Under the heading "Diseases of the Liver" are jaundice (in its various forms), affections of the blood-vessels of the liver, diseases of the bile-passages, cirrhosis, abscess of the liver, new growths in the liver, fatty liver, and amyloid liver. "Diseases of the Pancreas" include hæmorrhage, chronic pancreatitis, pancreatic cysts, and cancer. "Diseases of the Peritoneum" take in acute general peritonitis, peritonitis in infants, localized peritonitis, chronic peritonitis, new growths in the peritoneum, and ascites. (150 pages.)

The fourth section of the work, under the heading "Diseases of the Respiratory System," includes acute coryza, chronic nasal catarrh, autumnal catarrh, and epistaxis. "Diseases of the Larynx" embrace acute catarrhal laryngitis, chronic laryngitis, œdematous laryngitis, membranous laryngitis, spasmodic laryngitis, tuberculous laryngitis, and syphilitic laryngitis. "Diseases of the Bronchi" include acute bronchitis, chronic bronchitis bronchiectasis, bronchial asthma, and fibrinous bronchitis. The subdivisions under "Diseases of the Lungs" are circulatory disturbances of the lungs, pneumonia, chronic interstitial pneumonia, bronchopneumonia, emphysema, gangrene of the lung, abscess of the lung, pneumonokoniosis, and new growths in the lungs. "Diseases of the Pleura" are treated under the sub-headings of acute pleurisy (in its various forms), chronic pleurisy, hydrothorax, and pneumothorax. This is followed by a short section on "Diseases of the Mediastinum." (106 pages.)

The fifth section of the work is devoted to "Diseases of the Circulatory System," beginning with those of the pericardium, which include pericarditis and other affections of the pericardium. Under "Diseases of the Heart" are endocarditis, chronic valvular disease, hypertrophy and dilatation, affections of the myocardium, neuroses of the heart, and congenital affections of the heart. "Diseases of the Arteries" embrace degenerations, arterio-sclerosis, and aneurism. (102 pages.)

The sixth section is on the "Diseases of the Blood and Ductless Glands," and includes anæmia, leukæmia, Hodgkin's disease, Addison's disease, and diseases of the thyroid gland. (32 pages.)

The seventh section of the work takes up "Diseases of the Kidneys," and includes anomalies in form and position, circulatory disturbances, uræmia, Bright's disease (acute and chronic), amyloid disease, pyelitis, hydronephrosis, nephrolithiasis, tumors of the kidney, cystic disease of the kidney, and perinephric abscess. (67 pages.)

The eighth section is on "Diseases of the Nervous System," the first subdivision being on diseases of the nerves, including neuritis, neuromata, diseases of the cranial nerves, and diseases of the spinal nerves. The second division is on diseases of the spinal cord, embracing affections of the meninges, affections of the blood-vessels, and acute and chronic affections of the spinal cord. The third division takes up diseases of the brain, including affections of the meninges, affections of the blood-vessels, affections of the substance, hemiplegia and diplegia in children, sclerosis of the brain, chronic diffuse meningo-encephalitis, tumors of the brain, and chronic hydroceph-

alus. The fourth division is on general and functional diseases, and deals with acute delirium, paralysis agitans, acute chorea, other affections described as chorea, infantile convulsions, epilepsy, migraine, neuralgia, professional spasms, occupation neuroses, tetany, hysteria, neurasthenia, the traumatic neuroses, and other forms of functional paralysis. The fifth division includes Raynaud's disease, angio-neurotic œdema, facial hemiatrophy, acromegalia, and scleroderma. (219 pages.)

The ninth section is on "Diseases of the Muscles," including myositis, idiopathic muscular atrophy, Thomsens' disease, and paramyoclonus multiplex. (6 pages.)

The tenth section treats of "Intoxicants, Sunstroke, Obesity," and embraces alcoholism, morphine habit, lead poisoning, arsenical poisoning, ptomaine poisoning, grain poisoning, sun-stroke, and obesity. (21 pages.)

The eleventh section takes up the "Diseases due to Animal Parasites," and embraces psorospermiasis, distomiasis, diseases caused by nematodes, diseases caused by cestodes, parasitica arachnida, parasitic insects, and pseudo-parasites. (33 pages.)

From the above sketch it will be noted by the reader that Dr. Osler has given a most careful, thorough, and competent ideal work upon the practice of medicine. Each and every disease is treated to meet the requirements of the student as well as the busy practitioner. All the individual affections have been so well and thoroughly considered by the author, that it is a most difficult task to select one or more for review of some of the practical views of the author. Tuberculosis and affections which trouble all practitioners, and destroy in its ravages upon the various organs and tissues, so many lives, is ably treated by Dr. Osler under Section I, in Specific Infectious Diseases; we wish, in this connection, to commend the conservative and good opinion advanced by the author in relation to the treatment in this disease by tuberculin, or Koch's lymph. The subject is reviewed as follows: "In internal tuberculosis the remedy in very early cases may, as shown by Koch's report, prove actually curative; unfortunately, it was employed in all classes of cases. In pulmonary tuberculosis it is a remedy to be used with the greatest caution. Of 23 cases in which we have used it at the Johns Hopkins Hospital only 3 were benefited; in the others the action was either negative or actually detrimental. It should not be employed in cases with fever or with much consolidation. In many cases it seems to aggravate the general and local symptoms. We are at present in the reaction wave, after being buoyed up by hopes that, at last, a remedy had been obtained which was positively curative in all forms of tuberculous lesions. It will probably be several years before we can speak with decision upon the true position of this remedy. Meanwhile, our knowledge warrants us in urging extreme caution in its use. The recent reports of Schede indicate that the remedy has a very positive value in tuberculous arthritis when combined with other measures." We are likewise pleased to note that Dr. Osler, who has had a very large experience in observing tuberculosis, dwells justly and properly upon the diet and treatment of this disease. He states that: "The outlook in tuberculosis depends much upon the digestion. In many cases the digestion is not at all disturbed and the patient can take an ordinary diet. It is remarkable how rapidly the appetite and digestion improve on the fresh-air treatment, even in cases which have to remain in the city. Care should be taken that the medicines do not disturb the stomach. Not infrequently the sweet syrups used in the cough mixtures, codliver-oil, creasote, and the hypophosphites produce irritation, and, by interfering with digestion, do more harm than good. On the other hand, the bitter tonics, with acids, and the various malt preparations are often, in these cases, most satisfactory. The indications for alcohol in tuberculosis are enfeebled digestion with fever, a weak heart, and rapid pulse. A routine administration is not advisable, and there is no evidence that its persistent use promotes fibroid processes in the tuberculous areas. In the advanced stages, particularly when the temperature is low, between 8 and 10 in the morning, whisky and milk, or whisky, egg, and milk, may be given with great advantage. The red wines are also beneficial in moderate quantities. The profession will, beyond all doubt, appreciate the admirably arranged, well-written, and practical text-book upon this most important department of medicine. It is simple, clear, practical, and contains all that is known scientifically upon medicine to the present time. The publishers have produced the work in one handsome volume, on good, heavy paper, with clear type, and well bound.

*Bacteriological Diagnosis.* Tabular aids for use in practical work. By JAMES EISENBERG, Ph.D., M.D., Vienna. Translated and augmented, with the permission of the author, from the second German edition, by NORVAL H. PIERCE, M.D. Philadelphia and London: The F. A. Davis Co., 1892.

Originality seems to be the especial recommendation of this practical volume. The tables and bacteriological technique cited in the cultivation and staining of bacteria will make the work one of special value to all physicians and scientists. The characteristic staining methods employed for the tubercle bacillus, lepra bacillus,

syphilis bacillus, and typhus bacillus alone recommend the work, and especially to those in active practice, who meet with the diseases just referred to above. The volume is handsomely printed and bound, at a very small price.

*The Mediterranean Shores of America; or the Climatic, Physical, and Meteorological Conditions of Southern California.* By P. C. REMONDINO, M.D., Member of the American Medical Association, of the American Public Health Association, of the State Board of Health of California; Vice-President of the California State Medical Society and of the Southern California Medical Society. Illustrated with 45 engravings and 2 double-page maps. In one handsome royal octavo volume, 176 pages. Extra cloth, price, $1.25, net; cheaper edition, bound in paper, price, 75 cents, net. Philadelphia: The F. A. Davis Co., publishers, 1231 Filbert Street.

The author of this work is a most interesting writer. He has, however, described a very interesting subject to all who study climate. From the beginning to the end of the volume, by maps, charts, especially upon temperature, and by means of the barometer, Dr. Remondino gives a beautiful description of Southern California. He clearly shows the effects of a suitable climate in moderating and curing very many diseases, especially of the chest. The illustrations, maps, and charts are excellent, and add much effect to the able text of the author.

*Some Children of Adam.* By R. M. MANLEY. Price, cloth (illustrated), $1.00; paper, 50 cents. New York: Worthington Co., 747 Broadway.

A well-developed story, easily winning and retaining the reader's attention to the end. It is a vital contribution to the social study of New York society, for it presents a picture of American life that is most captivating to the thoughtful reader. There is such an atmosphere of the reality over the uncommon happenings of the novel, the narrative shows such careful study and shrewd observation of metropolitan life, that those who will notice the types, distinct and interesting in their personality, will at once recognize the veracity of the representation. For this reason it will produce a profound impression wherever New York influence is predominant. Thousands, however, who wish to read the book with the expectation to be entertained only will be fascinated by the magnetism of the story, the charm of its language, its intricate plot, its telling incidents, its strange coincidences, and its vigorous and, at times, thrilling actions, revealing the inner life, pleasures, intellectual pursuits, as well as the frivolities of the wealthier classes of New York.

## *CURRENT MEDICAL LITERATURE*

The Mechanico-Therapeutic Institute. By Dr. Gustaf Zander, in Stockholm.

Statistical Tables to Accompany the Superintendent's Report of the Johns Hopkins Hospital, for the year ending January 31, 1891.

Revue des Instruments de Chirurgie. Bulletin Mensuel Illustré des Instruments et Appareils en usage dans les Sciences Médicales Paraissant le Premier de Chaque Mois. Directeur: Emile Galante.

Proceedings and Addresses at a Sanitary Convention, held at Charlevoix, Mich., August 14 and 15, 1890, under the direction of a Committee of the State Board of Health and a Committee of Citizens of Charlevoix.

Trichina Spiralis. A paper read at the Annual Meeting of the Missouri State Pharmaceutical Association, 1891. By Dr. H. M. Whelpley, St. Louis.

Summer Complaints of Infants and Children. By Drs. J. Lewis Smith, I. N. Love, C. C. Green, Frank Woodbury, and others.

Abstract of Sanitary Reports, Washington, D. C., August 14 and September 25, 1891.

On Medicine, Modern and Mediæval; or, The Doctor and the Leech. By Frank Woodbury, A.M., M.D., Fellow of the College of Physicians, of Philadelphia; Honorary Professor of Clinical Medicine in the Medico-Chirurgical College, etc.

Eighth Report of the Committee on Lunacy of the Board of Public Charities of the Commonwealth of Pennsylvania, September 30, 1890.

Public Schools, Worcester, Mass., Examination Questions, April 21, 22, 23, and 24, 1891: Tuesday, A.M., April 21st, Geography and General Lessons; Tuesday, P.M., April 21st, Music; Wednesday, A.M., April 22d, Language; Thursday, A.M., April 23d, History; Thursday, P.M., April 23d, Mental Arithmetic and Spelling; Friday, A.M., April 24th, Arithmetic; Friday, P.M., April 24th, Physiology. They are meant to be suggestive of future teaching.

Laparo-Hysterorrhaphy as a Means of Cure of Cases of Extreme Prolapse or Retro-Displacements of the Uterus. By W. J. Asdale, M.D., of Pittsburgh, Pa.

Annual Address in Obstetrics. Read before the Medical Society of the State of Pennsylvania, Reading, Pa, June 4, 1891. By John Milton Duff, A.M., M.D., Ph.D., Professor of Obstetrics in Western Pennsylvania Medical College, etc.

Employment of Pilocarpine Muriate in Labyrinthine Disease, with Report of Cases. By S. MacCuen Smith, M.D., Clinical Chief Aural Department of Jefferson Medical College Hospital, Philadelphia, etc.

## Some Clinical Experiences in Infant Feeding.

The concensus of opinion among those who have noticed the many experimental infant foods which have been largely advertised during the past ten years is, that while many of them have merit and the arguments in favor of the theory upon which they are based are plausible, yet the fact remains that no universal infant food has yet been produced. Perhaps no eminent physician has made a closer study of this subject than Prof. J. Lewis Smith, of New York. He has investigated every new claimant for favor, and yet we find he is convinced that boiled flour and cows' milk, under certain conditions, is the most satisfactory food for children. Professors Vaughan, Woodbury, J. Lewis Smith, Rohé, and many other eminent authorities agree that Dextrin is superior to any other form of cereal food in its easy digestibility and freedom from fermentative changes. The boiled flour recommended by Prof. J. Lewis Smith is practically an imperfectly prepared Dextrin.

The great stress laid by writers upon the indigestibility of starch has some foundation in fact, but the histology of infant feeding shows that undue importance has been given to this matter. The fact is, that many of the most successful foods now in use are largely composed of starch; and the trend of opinion is, that the solution of the problem of infant feeding lies in a modification of starchy foods, not by entire digestion as in Maltose, but a conversion of the wheat-flour into easily digested dextrin. By this means the objections to predigested foods are overcome, fermentative action is prevented, and the normal digestive function is conserved. Within the past four or five years several so-called milk foods have been produced. They have met with more or less success. It may be taken as an axiom that babies don't like doctors or chemists, and that the food must not only be chemically correct, but it must be nutritious and palatable. No amount of reasoning by scientists will make a baby take readily to a food which it does not like, and no chemical analysis can prove that the food is suitable and nourishing for a child who does not thrive upon it. I am not prepared to say, as has been suggested by some writers, that the desiccation of cows' milk destroys the life-giving principle unknown to chemists, but it is not unlikely the idea has some foundation in fact. We, however, do know that babies thrive upon pure, fresh cows' milk, and that more children are successfully raised upon cows' milk, properly modified by dilution and some carbohydrate addition, than by any other method save by that of the mother's breast. The solubility of dried milk solids has always been a mooted question, and the predigestion by animal ferments, especially in a preserved food, gives rise to a suspicion of bacteria and toxicogenic matter, which may at any time develop into poisonous substances.

No whole-milk food has yet been successfully produced, though many attempts have been made. The unstable milk-fat and the changeable character of the albuminoids found in cows' milk will, I think, forever prevent such a food from being produced. It is also a fact, notwithstanding the statements of manufacturers, that no infant food has yet been produced which will alone thoroughly nourish a child from its birth. They are, one and all, deficient in albuminoids, milk-fat, or some other important constituent, and as all these foods in the market are either dependent upon the unstable milk solids which they contain, or upon a subsequent addition of fresh milk, I believe the present desideratum is a simple food that will modify the character of cows' milk sufficiently to make it approach the human milk in its composition, digestibility, and nutritive value.

I have found the most satisfactory food for infants to be cows' milk sweetened with sugar-of-milk, diluted from one third to one-half, to suit the age and condition of the child. I generally add a peptonizing tablet and a few drops of Bovinine.

The addition of this latter preparation makes the mixture more nutritious, for Bovinine, being more readily assimilable than any other food substance, supplies the cows' milk with a pabulum, at once highly nutritive and easily digested. Dr. William M. Gray, Microscopist to the Army Medical Museum at Washington, states that Bovinine is entirely free from bacteria, and that culture tubes of nutrient jelly agar-agar and peptone broth inoculated with Bovinine and kept in an incubator for a week failed to develop any bacteria. He also states that he found large quantities of red and white blood-corpuscles, also minute fat-globules and crys-

tals of leucin and tyrosin. The blood-corpuscles are practically unchanged.

During my attendance at the Washington Foundling Asylum I had occasion to use a mixture of cows' milk and Bovinine in a large number of cases, and met with uniform success. In several instances of extreme emaciation, and where the child was unable to assimilate the slightest quantity of cows' milk, I gave the Bovinine alone by putting a few drops on the tongue. It was surprising how readily the little sufferers responded to this treatment; they at once brightened up, and soon were able to digest the usual cows' milk and Bovinine mixture. Several marked cases of marasmus were treated with Bovinine, milk, and brandy, with an inunction of cocoa butter and alcohol. In two instances at least, where the burial-clothes were kept in readiness by the head nurse, the children, to my surprise, rapidly gained strength under this treatment, and a year later one of them (little Annie Bennett) was adopted from this institution a plump and healthy child.

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EFFECTS OF SULFONAL.

In the Journal of Mental Science for the current month Dr. Carlyle Johnstone records his observations of the effects of Sulfonal on 50 patients suffering from various kinds of mental disorders, including general paralysis, melancholia, and mania. His experiences with this drug point to the conclusions that, in properly regulated doses, it is an efficient hypnotic, and, compared with that of other hypnotics, its action is fairly certain and constant. The sleep produced by it is natural and undisturbed by dreams; it has no injurious effect upon the appetite, circulation, respiration, or temperature, and the general health does not suffer under its use. After a time the dose may be reduced or discontinued, and the patient still continue to sleep well. Dr. Johnstone also found that it had a distinct sedative action in mental excitement and distress, and could be employed with great benefit in cases of insanity, especially such as are of recent or acute character. Its complete tastelessness, also, is recommended in such cases, allowing its combination of food, or in milk, in such a way as to escape the notice of the patient. The chief drawbacks were found to be its slowness of action, and often the persistence of its saporific effect during the succeeding day, together with, at times, confusion, giddiness, and fatigue. After repeated doses a dreary confusion was noticeable, and, subsequently, slight weariness and fatigue, followed, in a few days, by enfeeblement and shakiness of motion, but nothing occurred which could be called an alarming symptom. As a rule, indeed, the mental condition improved, the excitement, irritability, and motor restlessnes being diminished and the wretchedness dispelled. It will thus be seen that the writer's conclusions are in accord with the majority of those already published, and that, while regarding Sulfonal as by no means a perfect hypnotic, he is inclined to give it a very important place in the treatment of sleeplessness and restlessness generally. The best doses he found to be between 30 and 40 grains, and it should be given just before the patient lies down. The freedom of the drug from taste or smell, as has been said, is one of its advantages and renders its administration easy. —*Lancet*, January 23, 1892.

THE Hungarian State Health Commissioner, in a report to the Minister of the Interior (Pharm. Post, Vienna, No. 10, 1892), stated that in the treatment of influenza no specific was known, but each case required individual treatment.

Concerning the use of antipyretics such as Antipyrin and Phenacetin, it appeared that the latter gave especially good results, while a portion of the patients were less favorably affected by Salipyrin.

Dr. C. S. ROBINSON, Richford, Tiago, Co., N. Y., says: "I have tried Papine (Battle & Co.), and I find it possesses the medicinal virtues of opium, unalloyed with the drawbacks following the use of other forms of the drug. I tested Papine in my own case, having used many forms of opium during forty years, but only in acute attacks. It is not harmful, like crude opium, morphine, and other preparations, in delicate or irritable stomachs; on the contrary, it is acceptable as cordial. Also, the head is not made ill, as it is by the other forms of opium that have come under my observation during most half a century. Papine is more prompt than morphine, except when the latter is used hypodermatically. My wife has acute rheumatic attacks, and so-called 'sick-headaches,' and long ago decided she was unable to bear morphine or opium treatment. On hearing me extol Papine, she tried it unbeknown to me, and afterward reported, saying: 'I believe it is, indeed, a good remedy; I can take it, for it does not make me sicker when I am sick.'"

## COMMERCIAL NEWS.

### Location and Practice.

A good location for a first-class physician, German preferable, or one who speaks German, can be secured in Zelienople, Butler County, Pa., on reasonable terms. Or, a partnership can be effected with the undersigned, as he is engaged in the oil business extensively, which is the object of wishing to sell or enter into partnership with a sober, first-class man. Any one wishing to communicate with me can do so by addressing A. V. Cunningham,
Zelienople, Butler Co., Pa.

### Senile Debility.

℞ Syr. hypophos. comp., . 3 ounces.
Celerina (Rio), . . . 2 ounces.
Acidi phosphorici dil., . 1 ounce.
M. Sig.: Teaspoonful four times daily.

N. A. Sackett, M.D., Ewing, Neb. says: "Celerina I have tested in 2 cases of nervous headache. One case was a man of about 35 years of age, who has been subject to attacks for a number of years, as often as every two weeks. I prescribed an ounce in 2 ounces of port-wine, to take a teaspoonful four times a day. He has not had an attack since, although two months have elapsed. The other was a lady of about the same age, who has had similar attacks for the last five years. She has had no recurrence of the trouble since, and, moreover, she has passed two monthly periods without the usual dysmenorrhœa, with which she is afflicted at that period. I shall continue to prescribe it in cases in which it is indicated, and will report more fully in future."

For the past year or two I have been using Peacock's Bromides with good success, and from my experience find it the most satisfactory of any of that class of preparations now on the market.

A. Conway, M.D.

Lamonte, Mo.

### Pneumatics as Hill Climbers.

H. L. Quick rode up Locust Hill, from Palisade Avenue to the electric light at the level, on Thursday evening, after sunset. This was a great feat, as the hill is very steep, and the roadway was soft and stony. He used a Columbia safety bicycle, pneumatic tires, and his time was 1m. 22s. This hill has been conquered by Theodore Terrell's elder son, and by J. J. Potter, the former on a pony star wheel and the latter on a —— safety; but the Columbia pneumatic gives Mr. Quick the record for speed in the ascent.—*Yonkers* (N. Y.) *Statesman.*

### Imperial Malt Extract.

This excellent tonic is meeting with a most favorable reception from the profession; in fact, Bass & Co. have excelled themselves in the production of the superior article above mentioned.

### Codliver-Oil.

After going the round of the many preparations so lavishly advertised, we have arrived at this conclusion,—for reliability and general uniformity, the product put on the market by the well known house of John C. Baker & Co., Philadelphia, takes easy precedence of any Codliver-Oil we have ever prescribed.

### Liquid Food.

Thompson's Malted Beef has become very popular in this market. Druggists report large and constantly increasing sales. Their advertisement appears on colored insert, p. vii of this issue.

Anent Armour's digestive ferments, advertised in our pages, the British and Colonial Druggist has the following in its editorial columns: "To those who can recall the interest which attended the first introduction of crude pepsin, early in the 60s, and who can remember the unsightly, evil smelling, and often almost inert body which was wont to be employed those days, and which was generally nothing more than the dried scrapings of the stomach, such as is, unfortunately, still official in the Pharmacopœia, the elegance and activity of the preparation now under notice will appear little short of marvelous. We have, for the sake of comparison, tested the various forms of Messrs. Armour's pepsin, side by side with various other brands of powdered pepsin, employing for comparison the official test of the B. P. We expected to find that the American brand would exceed in activity the official requirements, but we were surprised to note the superiority of this brand over those from other sources. As a rule, we are strictly loyal to the B. P., but in the matter of pepsin we should certainly not advise the pharmacist to use the official article unless at the express direction of the physician, so far does it fall below the activity of the Armour brand. Similarly we find the scale pepsin produces a perfect pepsin-wine, the disintegrating power of which, as shown on a piece of lean meat, is quite surprising. This scale pepsin has the further advantage of being perfectly soluble. In addition to pepsin in the form of scale and powder a very active glycerole is also prepared, 10 minims of which are equivalent to 1 grain of active pepsin; and, for convenience in traveling, etc., the firm also furnish well-made tablets, each containing 3 grains of active pepsin. Equally important and active as the pepsin bodies are the various preparations of pancreatin which the same makers supply."

### Ingluvin.

W. R. Warner & Co. desire to send to any physician a sample of this remedy wherever they have a patient resisting all other treatment for sickness in gestation, marasmus, cholera infantum, for which it has been found to be almost a specific.